

St. Julie's Catholic High School



Form 3B: Parental agreement for school/setting to administer medicine

www.stjulies.org.uk

Name of school/setting **St. Julie's Catholic High School**
Date
Name of Child
Group/Class/Form

Medicine

Note: Medicines MUST be in the original container as dispensed by the Pharmacy

Name and strength of medicine
Date
Name of Child
Group/Class/Form
How much to give (dosage)
When to be given
Any other instructions
Number of tablets/quantity to be given to school/setting
Daytime telephone of parent or adult contact
Name and telephone of GP
End date

To be returned home: Y / N Daily / Weekly

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to the school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Parent signature
Print name
Date

Staff Signature: Checked by: Date: