

**LAMedDoc1**

**Parental agreement for school/setting to administer medicine**

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

|  |                  |
|--|------------------|
| Name of school/setting(e.g. trip)                        | LAMBETH ACADEMY/ |
| Date   | / /              |
| Child's name   |                  |
| Form/House/Tutor initials                                |                  |
| Name and strength of medicine                            |                  |
| Expiry date  | / /              |
| How much to give (i.e. dose to be given)                 |                  |
| When to be given   |                  |
| Any other instructions                                   |                  |
| Number of tablets/quantity to be given to school/setting |                  |

***Note: Medicines must be in the original container as dispensed by the pharmacy***

|  |  |
|--|--|
| Daytime phone no. of parent or adult contact |  |
| Name and phone no. of GP                     |  |

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to 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's signature \_\_\_\_\_

Print name \_\_\_\_\_

Date \_\_\_\_\_

***IF MORE THAN ONE TYPE OF MEDICINE IS TO BE GIVEN, A SEPARATE FORM MUST BE COMPLETED FOR EACH ONE***