

**Parental/Head Teacher Agreement for School/Setting to administer  
medicine  
Form F624b**

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

|   |                                 |
|---|---------------------------------|
| <b>Name of School/Setting</b>   | <b>Stoke Holy Cross Primary</b> |
| <b>Date</b>   |                                 |
| <b>Child's Name</b>   |                                 |
| <b>Group/Class/Form</b>   |                                 |
| <b>Name and strength of medicine</b>  |                                 |
| <b>Expiry date</b>  | / /                             |
| <b>How much to give (dose to be given)</b>                                      |                                 |
| <b>When to be given</b>   |                                 |
| <b>Any other instructions</b>   |                                 |
| <b>Number of tablets/quantity to be given to school/setting</b>                 |                                 |
| <b>Medicines must be in the original container as dispensed by the pharmacy</b> |                                 |
| <b>Daytime phone no. of parent or adult contact</b>                             |                                 |
| <b>Name and phone no. of GP</b>   |                                 |
| <b>Agreed review date to be initiated by [name of member of staff]:</b>         | / /                             |

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.

|                            |                  |
|----------------------------|------------------|
| <b>Parent's signature:</b> | <b>Date:</b> / / |
| <b>Print name:</b>         |                  |

**Confirmation of Headteacher's agreement to administer medicine**

It is agreed that \_\_\_\_\_ [name of child] will receive  
\_\_\_\_\_ [quantity and name of medicine] every day at  
\_\_\_\_\_ [time medicine to be administered e.g. Lunchtime or  
afternoon break].

\_\_\_\_\_ [name of child] will be given/supervised whilst  
he/she takes their medication by \_\_\_\_\_ [name of member  
of staff].

This arrangement will continue until \_\_\_\_\_ [either end date of  
course of medicine or until instructed by parents].

**Head Teacher signature:**

**Print name:** \_\_\_\_\_

**Date:** / /