

Head Teacher

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Maintained by North Yorkshire County Council

Parental Agreement for School to Administer Medicine

The school will not give your child medicine unless you complete and sign this form.

Name of Child: _____

Date of Birth: _____

Class: _____

Medical condition/illness: _____

Medicine

Name/Type of Medicine: _____
(as described on the container)

Date Dispensed: _____

Expiry Date: _____

Agreed review date to be initiated by
(name of member of staff) _____

Dosage and method: _____

Timing: _____

Special Precautions: _____

Are there any side effects that the
School needs to know about? _____

Self Administration: YES/NO (delete as appropriate)

Procedures to be taken in an emergency: _____

Please see overleaf

Contact Details

Name: _____

Daytime Telephone Number: _____

Relationship to Child: _____

Address: _____

I understand that I must deliver the medicine personally to a member of staff and accept that this is a service that the school is not obliged to undertake.

I understand that I must notify the school of any changes in writing.

Date: _____

Signature: _____

Relationship to Child: _____