



PORTREATH SCHOOL

PARENTAL AGREEMENT FOR SCHOOL TO ADMINISTER MEDICINE/INHALERS

Portreath School will not give your child medicine unless you complete and sign this form, the school has a policy that they can administer any medicine that is prescribed by a doctor's surgery.

Name of School: Portreath School

Date:

Name of Child

Class

Name and strength of medicine

Expiry date

How much to give

When to be given

When was last dose given

Number of tablets/quantity given to school

**NOTE; MEDICINES MUST BE IN THE ORIGINAL CONTAINER AS DISPENSED
BY THE PHARMACY**

Daytime phone number 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 staff (Mrs C Jones or in her absence Mrs C Pamplin) administering medicine in accordance with the schools policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signed Parent

Signed On behalf of school

Dated



PORTREATH SCHOOL
RECORD OF MEDICINE ADMINISTERED TO AN INDIVIDUAL CHILD

Name of Child:

Date..... Time..... Dose..... Signature.....

Date..... Time..... Dose..... Signature.....

Date..... Time..... Dose..... Signature.....

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