



Bishop's Hatfield Girls' School

Parental Agreement for the School to Keep and Administer Prescribed Medication

If your child is taking a prescribed medicine which needs to be administered during the school day, this may be handed in to Reception by an adult with this form. Medicines must be in the original container as dispensed by the pharmacy.

No medication will be accepted unless it is accompanied by this completed form.

Name of Pupil/Student		Form Group	
Date of Birth			
Name/type of medication (as described on container) and expiry date			
Dose and method of administration (the amount to be taken and how medication is to be taken eg. tablets, inhaler, injection.)			
When is it taken? (time of day)			
Are there any signs when the medication should not be given?			
Daytime phone number of parent/carer or adult contact			
GP Surgery Name		GP Surgery Tel No.	

I give consent for school staff to administer the above prescribed medication. I will inform the school immediately in writing if there is any change in dosage or frequency of medication or if the medicine has been stopped. It is my responsibility to ensure that the medication is 'in date'. I will collect out of date medicine and provide a replacement.

Print name (Parent/Carer)	
Signed (Parent/Carer)	
Date	

If more than one prescribed medicine is to be given, a separate form should be completed for each item.