Lancaster Road Primary School
Parental agreement to administer medicine.

Medicine must be handed directly to a member of staff by an adult.

Name of child: ……. Class:……..

Medical condition/illness: …….

Name of medicine on container:…….

Name of person prescribed to: ……..

Expiry date of medicine: ……

Dosage: …….. Time of day: …….

Time of last dose given: …….

The above information is to the best of my knowledge accurate at the time of writing and I give consent to a teacher/teaching assistant to administer the medicine.

Name: (Print)…….……..Signed:……

Daytime contact number: ……

Record of administration:

Date administered:	Dosage:	Administered by:	Witness: