Spring Lane Primary School

Spring Lane
Northampton
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01604 639114
office@springlaneprimary.com

Parental agreement for setting to administer medicine

The academy will not give your child medicine unless you complete and sign this form. Spring Lane Primary can only give medicine if your child has been prescribed medicine from their doctor and it needs to be administered 4 times a day.

Name of School	**Spring Lane Primary**
Child's Name	
Class	
Name and Strength of Medicine	
Expiry date	
How much to give (ie dose)	
When to be given?	
Special precautions/other instructions	
Number of tablets/quantity to be given to school	

NB: Medicines must be in the original container, which must contain the Patient Information Leaflet.

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Agreed review date to be initiated by	
Staff:	

I confirm that I have administered this non-prescription medication, without adverse effect, to my child in the past.
The information above is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school 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.

Parents Signature _____ Date _____