



Elm C of E Primary School

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Website ~ www.elmcofeprimaryschool.com

Headteacher – Mrs F McCallum

Wisbech Schools'
PARTNERSHIP

Working Together



Parental agreement for school/setting to administer medicine

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

Elm Primary School

Name of School/Setting

Date

Child's Name

Class

Name and strength of medicine

Expiry date

How much to give (i.e. dose to be given)

When to be given

Any other instructions

Number of tablets/quantity to be given to school

Note: Medicines must be the original container as dispensed by the pharmacy

Daytime phone no. of parent or adult contact

Name and phone no. of GP

Agreed review date to be initiated by
[name of member of staff]:

F McCallum

The above information 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 immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Parent's signature:

Print
Name:

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