



# THE CORBET SCHOOL

INSPIRE • ACHIEVE • SUCCEED

## Parental Agreement for The Corbet School to administer medicine

The school will **only administer medication if it has been prescribed by a doctor/medical consultant**. Please complete and sign this form for any prescribed medicine that will be kept in school.

**Medicines must be in the original container as dispensed by the pharmacy and the child's name should be printed on the label.**

Name of school

Name of child

Date of birth

Tutor Group

Medical condition or illness


### Medicine

Name/type of medicine  
*(as described on the container)*

Expiry date

Dosage and method

Timing

Special precautions/other instructions

Are there any side effects that the school/setting needs to know about?

Procedures to take in an emergency


### Contact Details

Name

Daytime telephone no.

Relationship to child


I understand that I must deliver the medicine personally to the school reception, The above information is, to the best of my knowledge, accurate at the time of writing and 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.

Signature(s) \_\_\_\_\_

Date \_\_\_\_\_

***In the event of an emergency, I consent for my child to be given the following medication which I have supplied (please tick):***

**Paracetamol**

**Antihistamines**

Signature(s) \_\_\_\_\_

Date \_\_\_\_\_