**Verulam School Parental Agreement for School to Administer Medicine (Form 3B)**

**The school will not give your child medicine unless you complete and sign this form and the school has a policy that staff can administer medicine.**

Child’s Name: Form:

Name & Strength of Medicine (please note if there is more than one medicine, a separate form should be filled in for each):

Expiry Date:

Dose to be given:

When to be given:

Any other instructions:

Number of tablets / quantity of medication given to school:

**NB. Medicines must be in the original container as dispensed by the pharmacy.**

Daytime phone number of parent/carer:

Name & phone number of doctor:

Agreed review date (Matron to complete):

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 the dosage or frequency of the medication or the medication is stopped.

Parent/carer’s signature:

Print name: Date: