



WADDINGTON REDWOOD PRIMARY ACADEMY

Parental agreement for academy/setting to administer medicine – Rand Park Farm 2019

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

Child's name: _____ Class: _____

Name and strength of medicine: _____

Expiry date: _____ Dose to be given: _____

When to be given: _____

Name and phone n°. of GP: _____

Note: medicines must be in the original container as dispensed by the pharmacy.

Parent's/Carer's signature: _____

Print name: _____

To be completed by the school:

Confirmation of the Head's agreement to administer medicine

It is agreed that _____ (*name of child*) will receive _____ (*dose*)
of _____ (*medicine*) every day _____
_____ (*e.g. before breakfast, at lunchtime, at bedtime, as required*). The medicine
will be administered by _____ (member of staff).

This arrangement will continue until for the duration of the residential trip to Rand Farm Park.

Signed: _____

Date: _____

(Headteacher/Deputy Headteacher)

