

**Parental agreement for school to administer medication**

The school will not give medication to your child unless you complete and sign this form.

Pupil name:	
Pupil form:	
Date:	
Name of medication:	
Strength of medication:	
Expiry date:	
Prescribed:	Yes <input type="radio"/> No <input type="radio"/>
Dose to be given:	
Time to be given:	
Any other instructions:	

**Please note: medicines MUST be in original containers as dispensed by the pharmacy**

Parent name:	
Parent contact number:	
Name and phone number of GP:	
Duration of treatment:	

The above information is, to the best of my knowledge accurate at the time of writing and I give consent to Leytonstone school staff administering medication in accordance with the school's policy. I will inform the school immediately in writing if there is any change in dosage or frequency of the medication or if the medication is stopped.

Parent/ carer signature: .....

Print name: .....

Date: .....

For information on how your data is managed, please visit the school's website: [www.leytonstoneschool.org](http://www.leytonstoneschool.org).