

Form A1 – Agreement to Administer Medicine

Name of school:	Shiremoor Primary School
Name of child:	
Date of Birth:	/ /
Class:	
Medical Condition or illness:	

Medicine

Name/type of medicine	
Expiry date:	/ /
Dosage and method:	
Timing:	
Special precautions/other instructions:	
Are there any side effects that the school needs to know about?	
Self-administration Y/N (please circle)	If Yes, complete Form D <i>'Request to carry & administer own medicine'</i>
Procedures to take in an emergency:	

Contact Details

Name:	
Daytime telephone no.:	
Relationship to child:	
Address:	
I understand that I must deliver the medicine personally to:	The school office

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 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: ____/____/____