

**Orchard Park Community Primary School
Medical Care – Form 1**



Parental agreement for school to administer medicine

Name of child:

Year Group:

Medicine

Name/Type of Medicine (as described on the container):

Dosage and Method:

Timing:

Dates to administer from and to:

From: _____ To: _____

Are there any side effects that the school needs to know about:

Self administration:

Yes/No (delete as appropriate) _____

**I understand that I must deliver the medicine personally to the office and accept that this is a service that the school is not obliged to undertake.
I understand that I must notify the school of any changes in writing**

Date:

Signature:

Relationship to child:
