

REDBOURN PRIMARY SCHOOL

Long Cutt, Redbourn, Herts. AL3 7EX

Headteacher: Miss E Fenn

Tel: 01582 792341

www.redbournprimary.co.uk

e-mail: admin@redbournprimary.co.uk

Parental / Carer Agreement for School to Administer Medicine

The school will not give your child medicine unless you complete and sign this form, and the Headteacher has agreed that school staff can administer the medication.

Details of Pupil

Signed

First Name		Surnan	ne							
Date of birth		Class								
Condition/Illness			<u> </u>							
Medication										
Name of Medication (as described on bo										
For how long will yo this medication	ur child take									
Dated dispensed	I.	Expiry dat	Expiry date							
Quantity provided	Self-admi	Self-administered								
Directions for Use		Timings								
Any other instructions		Tillings								
Contact Details										
Name		Daytime	Daytime phone no							
Relationship to Pupil		l		l						

I understand that I must deliver the medicine personally to the school office and accept

Date

that this is a service which the school is not obliged to undertake



Redbourn Primary School

Record of Medication Administered by the School

		Print name							
		Signature of staff							
		Any reactions?							
		Dose given							
	Medical condition:	Name of medication							
 	ndition:	Time							
Pupil's Name:	Medical cor	Date							