

**Swavesey Primary School**

**Parental Agreement/Consent Form**

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

Name of child:			
Date of birth:		Class:	
Medical condition/illness:			

**Medicine**

Name/type of Medicine (as described on the container):			
With effect from (date):		Until (date):	
Dosage and method:		Time:	
Are there any side effects that the School/setting needs to know about?			
Self Administration: Yes/No (delete as appropriate)			

**Contact details**

Name:	
Daytime telephone number:	
Relationship to child:	
Address:	

- I understand that I must deliver the medicine personally to the school office and accept that this is a service that Swavesey Primary School is not legally obliged to undertake.
- I understand that I must notify Swavesey Primary School of any changes in writing.
- All staff are acting voluntarily in administering medicines;
- All staff maintain the right to refuse to carry out the administration of medication if they so desire;
- The school is not responsible for the loss of, or damage to any medication referred to in this or any subsequent documentation.
- I have considered medical advice on whether my child is well enough to attend school as medicine is required.

**Signature(s):** \_\_\_\_\_

**Relationship to child:** \_\_\_\_\_ **Date:** \_\_\_\_\_