



PARENTAL/LEGAL GUARDIAN AGREEMENT FOR COLERIDGE PRIMARY SCHOOL TO ADMINISTER SHORTTERM PRESCRIBED MEDICATION

Coleridge Primary School will not give your child medication unless you complete and sign this form and we have the appropriate school policy in place that the staff can administer prescribed medication.

CHILD'S NAME _____ CLASS _____

CHILD'S DATE OF BIRTH _____

CHILD'S MEDICAL CONDITION/ILLNESS _____

DATE MEDICINE PROVIDED BY PARENT _____

NAME OF MEDICATION _____
(as described on the container)

DOSAGE AND METHOD/FREQUENCY OF ADMINISTRATION _____

PARENT/GUARDIAN NAME _____

PARENT/GUARDIAN SIGNATURE _____

NB: All medications must be in the original container as dispensed by the pharmacy

Headteacher Leon Choueke