



TOWNFIELD PRIMARY SCHOOL PARENTAL AGREEMENT FORM ADMINISTRATION OF MEDICATION

Parental agreement for Townfield Primary School / Tiny Trekkers / TPS wrap around clubs to administer medicine

Townfield Primary School/Tiny Trekkers will not give your child medicine unless you fully complete and sign this form, and the school or nursery has a policy that staff can administer medicine

CHILD DETAILS

Name of Child _____
Date of Birth _____
Year Group/Class _____
Medical condition _____
Or illness _____

MEDICINE

Medicine details _____
as on container _____
Date dispensed _____
Dosage _____
Timing _____
Special precautions _____
Any side effects we should know about? _____

CONTACT DETAILS

Parent/Carer Name _____
Contact number(s) _____
Relationship to child _____
Address _____

**I accept that this is a service that Townfield Primary School/Tiny Trekkers/TEDs is not obliged to undertake.
I understand that I must notify Townfield Primary School/Tiny Trekkers/TEDs of any changes in writing
I understand that medication must be delivered and collected by an adult from the appropriate office.**

Signed:	_____	Date:	_____
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