



**Parental agreement for setting to administer medicine** The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

Date for review to be initiated by	
Name of school/setting	<b>Woodcot Primary School</b>
Name of child	
Date of birth	
Year group/class/form	
Medical condition or illness	

**Medicine**

Name/type of medicine <i>(as described on the container)</i>	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration – <b>y/n</b>	
Procedures to take in an emergency	

**NB: Medicines must be in the original container as dispensed by the pharmacy along with the sticker with the correct name and dosage**

**Contact Details**

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	School Office





**Woodcot**  
Primary School  
TOGETHER WE LEARN AND GROW

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