



Parental Agreement for School to Administer Medicine in School

If you would like the Matron/Staff to administer medicine should your son require it, please complete and sign this form.

Name of school	Aylesbury Grammar School
Date	
Student's name	
Tutor group	
Name and strength of medicine	
Expiry Date	
Dose to be given	
When to be given	
Any other instructions	
Quantity of tablets to be given to the school	

Note: Medicines must be in the original container as dispensed by the pharmacy

	1st Contact	2nd Contact
Daytime phone number of parent/carer		
Relationship to student		
Name and phone number of GP		

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if he should stop taking it. I understand it is my responsibility to inform the school of any changes in a student's circumstances.

Parent/Carer signature _____

Print Name _____ Date _____

If more than one medicine is to be given a separate form should be completed for each.