Kingsbury Primary School Medication Agreement

Our school will not give your child any medication if you have not completed and signed this form. Our school has a policy that all staff adhere to in order to administer medication.

Date for review	**September 2027**
Name of school/setting	**Kingsbury Primary School**
Name of child	
Date of birth	
Class	

Medicine

Name/type of medicine *(as described on the container)*	
Expiry date	
Batch Number	
Dosage and method	
Time	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Route of administration – oral / buccal / inhaled, via peg etc	

NB: Medicines must be in the original packaging, clearly labelled with child's name on and as dispensed by the pharmacy

Emergency Contact Details:

	Contact 1	Contact 2
Name		
Relationship to child		
Contact Number		

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 medication policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Print Name: _____ Signature: _____

Date: _____