



SHEINTON ROAD
 CRESSAGE
 SHREWSBURY
 SHROPSHIRE SY5 6DH
 Telephone Number: 01952 510383

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 Headteacher: Mrs Kim Stokes

LEARNING. LISTENING. LIVING

Parental Agreement for School to Administer Medicine

Please note, we are unable to administer medicine to your child without your signed consent and information given on this form.

Child's Name:	
Date of Birth:	
Class:	
Medical Condition or Illness:	
Name & Telephone Number of GP:	
Name/type of Medicine: <i>(as described on the container)</i>	
Dosage and Method:	
Are there any side effects that the school needs to know about?	
Procedures to take in an emergency:	

Contact Information	
Name:	
Relationship to Child:	
Daytime Telephone No:	
Address:	

**I accept that this is a service that school is not obliged to undertake.
 I understand that I must notify school of any changes to my child's medication in writing.**

Date: **Signed:** **Print Name:**

Please Note: It is your responsibility to ensure that the school is kept informed about changes to your child's medicines, including how much they take and when. It is also your responsibility to provide the school with medication that is clearly labelled and in date.

Masters/MasterLetters/ParentalAgreementtoAdministerMedicine

