



Norham High School  
Parental agreement for the school to administer medicine

**PARENTAL AGREEMENT TO ADMINISTER MEDICINE**

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

- 1. Name of school/setting                      **Norham High School**
  
- 2. Name of child                                      ----- Form -----
  
- 3. Name and strength of medicine              -----
  
- 4. Date received                                      -----
  
- 5. Dose and frequency of medicine  
(or as printed dosage schedule)              -----
  
- 6. Quantity received  
(number of doses/volume)                      -----
  
- 7. Quantity returned                                -----
  
- 8. Date Returned                                      -----
  
- 10. End date of course of medication -----

It is agreed that (*name of child*) ----- will receive  
(name & dose of medicine) -----  
at the following time/s -----

Medication will be *given or supervised* by a nominated member of staff.

It is agreed that (*the parent/carer*) will notify the school/setting of any changes

Agreed review date: -----

Signature: -----                                      Date: -----  
(Key Stage ( ) Co-ordinator)

Signature of Parent/carer -----                                      Date: -----