

# THOMAS HARDYE SCHOOL



## Parental agreement for the school to administer medicine.

The school will not give your child medicine unless you complete and sign this form.

PLEASE COMPLETE IN BLOCK CAPS

<b>Child's name</b>	
<b>Tutor Group</b>	
<b>Name of medicine</b>	
<b>Expiry date</b>	
<b>How much to give</b> <i>(i.e. dose to be given)</i>	
<b>When to be given</b>	
<b>Any other instructions</b>	

**Note: Medicines must be in the original container (as dispensed by the pharmacy etc)**

Parent's daytime phone no.	
Name and phone no. 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 as instructed above.

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.

I will ensure that supplies are adequate and up-to-date.

Parent's signature \_\_\_\_\_

Print name \_\_\_\_\_

Date \_\_\_\_\_

Please return this form along with the medication, in its original container, to:

*Medical Dept.  
Thomas Hardy School  
Queens Ave  
Dorchester  
DT1 2ET*

If more than one medicine is to be given a separate form should be completed for each one. Medication that is out of date will be disposed of and will not be given to the student.