



Headteacher: Mr David Hudson MA (Cantab)

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Academy Trust Co No: 07686209
Registered: England and Wales

Parental agreement for school to administer medicine

The school will not give your child medicine unless you complete and sign this form, and the school has a policy that staff can administer medicine.

Name of school/setting:	The Royal Latin School
Date:	
Child's name:	
Form:	
Name & strength of medicine:	
Expiry date:	
Dose to be given:	
When to be given:	
Any other instructions:	
Number of tablets/quantity to be given at school:	
Note: medicines must be in the original container as dispensed by the pharmacy and be labelled with the pharmacy sticker including child's name	
Daytime phone no. of parent or adult contact:	
Name & phone no. of GP:	
Agreed review date: (to be initialled by staff)	

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff to administer 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 the medicine is stopped.**

Parent's signature: _____ Date: _____

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

(Medical form 3b)