



Learning, Growing
And Living with Jesus

St. ANTHONY'S CATHOLIC PRIMARY SCHOOL & NURSERY

In the Diocese of Northampton

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"The glory of God is
a human being fully alive"

Parent/Carer Agreement to Administer Medication

The school will not give your child medicine unless you have completed and signed this form.

Name of Child:

Date of Birth:

Class:

Medical Condition or Illness:

Medicine

Name/type of medicine:
(as described on the container)

Expiry Date:

Timing:

Duration of medicine:

Special Precautions/other instructions:

Are there any side effects that the
school/setting needs to be aware of:

Self-administration – Yes/No:

NB: All medication must be in the original container as dispensed by the pharmacy.

Contact Details

Name:

Daytime contact number:

Relationship to child:

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 to the Trust's policy. I will inform the school immediately, in writing, if there are any changes in dosage or frequency of the medication or if the medicine is stopped.

Signature:

Date:

**Record of Medicine Administered
(to be complete by school staff ONLY)**

Name of Child:	
Class:	
Name of Medicine:	

Date:				
Time Given:				
Dose Given:				
Name of member of staff:				
Staff Initials:				

Date:				
Time Given:				
Dose Given:				
Name of member of staff:				
Staff Initials:				

Date:				
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