

Moulton Chapel Primary School  
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Moulton Chapel  
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Form 1

**Moulton Chapel Primary School**  
**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. If more than one medicine is to be given a separate form should be completed for each one.

Date	
Child's Name	
Class	
Name and strength of medicine	
Expiry date	
How much to give ( i.e. dose to be given)	
When to be given	
Any other instructions	

**Note: Medicines must be the original container as dispensed by the pharmacy**

Daytime phone number of parent or adult contact \_\_\_\_\_

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 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: \_\_\_\_\_

Print Name: \_\_\_\_\_

Staff signed: \_\_\_\_\_

Seen by: \_\_\_\_\_

**Miss Meacher**