



## Bluebell Primary School – Parental Medicine Agreement

I have informed my child's class teacher ☐ please tick

Childs Name	
Class	
Today's date	
Name & strength of Medicine	
Expiry Date	
How much to be given	
When to be given	
Any other Instructions	
	<b>Medicines must be in original bottle as dispensed by the pharmacy</b>
Daytime phone number of parent or adult contact	
Name and phone No of Doctor	
Agreed date review of long term medication, to be initiated by (name of member of staff)	

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.

<b>Parents signature:</b>     <b>Print name:</b>	<b>Date:</b>
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