

Haydon Abbey School and Pre-School
 Weedon Road, Aylesbury, HP19 9NS
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 Email: office@haydonabbey.bucks.sch.uk
 Website: www.haydonabbeyschoolandpreschool.co.uk
 Headteacher: Miss Ashleigh Ferdinand



Parental Agreement for School to Administer Medicine

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

Name of Child	
Date of Birth	
Class	
Medical condition or illness	

Medicine ***antibiotics only if prescribed 4 times a day***

Name/type of medicine (as described on the container)		
Expiry Date		
Dosage e.g. 5 mls, 1 tablet		
Method e.g. orally, applied to arm		
Timing e.g. once daily before lunch		
Special precautions/other instructions		
Are there any side effects that the school/setting needs to know about?		
Self-administration – Y/N		
Procedures to take in an emergency	Call 999	
Prescription/Non-Prescription (Circle as appropriate)	Prescription	Non-prescription

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details

Parent/Carer Name (Please print)	
Relationship to Child	
Daytime Telephone Number	
Address	
I understand that I must deliver the medicine personally to the school office	

Please sign the back of this form



The information provided 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's policy.

Prescribed Medication: 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.

If more than one medicine is required, a separate form should be completed for each one.

A separate form needs to be completed with each new prescription.

Parent/Carer Date

Staff Member receiving medicine Date

Signed by a second member of staff Date

*****ANTIBIOTICS WILL ONLY BE GIVEN AT SCHOOL IF THEY ARE REQUIRED 4 TIMES A DAY. WE WILL NOT ADMINISTER ANTIBIOTICS IF ONLY PRESCRIBED FOR 3 TIMES A DAY AS THIS CAN BE DONE BEFORE AND AFTER SCHOOL ******