



Marian Vian Primary School

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Head Teacher: Mr Ian Redgrave

Parental Agreement for School to Administer Medicine

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

Date: _____

Child's name: _____

Class: _____

Name of medicine: _____

Expiry date: _____

Dose to be given: _____

When to be given: _____

Any other instructions: _____

Note: Medicines must be in the original container and clearly labelled

Daytime phone contact 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 no longer required.

Parent's signature: _____

Print name: _____



