



EWELL CASTLE SCHOOL
Parental agreement for the school to administer medicine

The school is unable to administer medicine to a pupil unless this form has been completed.

Pupil's Name _____

Form _____

Name & Strength of
Medicine _____

Expiry date _____

Amount of Dose _____

When to be given _____

Any other instructions _____

Number of tablets/
quantity of medicine
given to the school _____

Note: All medicines must be in the original container as dispensed by the pharmacy

Name & phone number of
parent(s) / adult contact _____

Name & phone number
of G.P. _____

The above information is 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 in writing immediately if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Parent/Guardian's signature: _____

Parent/Guardian's Name (please print) _____ Date _____