

**Brant Broughton Church of England & Methodist Primary School**  
**Agreement to assist / administer medicines in school**

<b>Child's Name:</b>	
<b>Date of Birth:</b>	
<b>Yr Group:</b>	
<b>Medical Condition or illness:</b>	
<b>Name / type of medicine:</b>	
<b>Date dispensed &amp; length of course:</b>	
<b>Expiry date:</b>	
<b>Dosage &amp; method:</b>	
<b>Timing:</b>	
<b>Self administration:</b>	<b>YES / NO</b>
<b>Special precautions &amp; storage:</b>	
<b>Side effects:</b>	
<b>Procedure to take in an emergency:</b>	

I understand that this is a service the school is not obliged to undertake.

I understand that I must notify the school of any changes.

I understand that I must deliver and collect the medicine personally from school.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_