



St Wilfrid's RC Primary School, Monkgate, York, YO31 7PB  
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*Original intended  
Date: / /*

**Parent/carer agreement for school/setting to administer medicine**

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

Name of school/setting	
Name of child	
Date of birth	/ /
Group/class/form	
Medical condition or illness	

Name/type of medicine (as described on the container)	
Quantity received (eg half bottle)	
Dosage and method:	
Timing:	
Special precautions	
Date dispensed:	Expiry date:
Are there any side effects that the school/setting needs to know about?	
Procedures to take in an emergency:	
Self administration:	
Signed:	Date: