



FORM 2A

Higher Bebington Junior School Parental Agreement to Administer Medicine (short-term)

Higher Bebington Junior 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

Name/type of medicine <i>(as described on the container)</i>	
Date dispensed	
Expiry date	
Dosage and method	
Timing	
Special precautions	
Are there any side effects that the school needs to know about?	
Self administration	
Procedures to take in an emergency	

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	

I understand that I or another adult must deliver the medicine personally to

Mrs Smith or Mrs Shaw in the school office

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

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

I understand that a non-medical professional will administer my child's medication, as defined by the prescribing professional only.

Date

Signature