



Holy Trinity Lamorbey CE Burnt Oak Lane Sidcup Kent, DA15 9DB

contact@htl.bexley.sch.uk
Tel: 020 8300 3613
www.apat.org.uk
www.holytrinitylamorbey.apat.org.uk

Academy Principal: Mr O Winstone

Executive Lead: Mrs S Young NPQEL

Parental agreement for setting to administer medicine

Name of school/setting						
Name of child						
Date of birth						
Group/class/form						
Medical condition or illness						
Medicine						
Name/type of medicine (as described on the container)						
Expiry date						
Dosage and method						
Timing						
Are there any side effects that the school/setting needs to know about?						
Self-administration – y/n						
Procedures to take in an emergency						
NB: Medicines must be in the original container as	dispensed by the pharmacy					
Contact Details						
Name						
Daytime telephone no.						
Relationship to child						
Address						
I understand that I must deliver the medicine personally to						
The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy.						
Signature(s)	Date					



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Name:



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Healthcare Plan	Ref:	HTL Record of medicine administered to an individual child			
Date					
Time given					
Dose given					
Staff signature					
Staff initials					
Date					
Time given					
Dose given					
Staff signature					
Staff initials					
Date					
Time given					
Dose given					
Staff signature					
Staff initials					
Date					
Time given					
Dose given					
Staff					

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signature

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