The Folkestone School for Girls
Coolinge Lane
Folkestone
Kent CT20 3RB
Tel 01303 251125
Email headteacher@folkestonegirls.kent.sch.uk
www.folkestonegirls.kent.sch.uk
Principal Mr M Lester

Parent/Carer agreement for school to administer medicine

The school will not give your child medicine unless you complete and sign this form.

Name of student	
Date of birth	
Year / Form	

Medicine - Medicines must be supplied in the original packaging/container with the instructions and expiry date clearly visible.

Name and type of medicine	
Reason for medicine	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Any side effects that the school needs to know about?	
Self-administration Y/N	
Procedures to take in an emergency	

Contact details

Name	
Telephone number	
Relationship to student	

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent for school staff to administer medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) Date