



'Strive to Succeed'

Rush Green Primary School  
Dagenham Road  
ROMFORD, Essex RM7 0TL

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*'Education is the most powerful  
weapon to change the World.'* Nelson  
Mandela

*'When you know better you do better.'*  
Maya Angelou

### Parental agreement for administration of medicine

Date	
Name of Child	
Class	
Date of Birth	
Medical Condition	

### Medicine

Name / Type of medicine			
Expiry Date			
Dosage and method			
Between the dates of:	From:	To:	
Timing			
Special precautions / other instructions			
Procedures to take in an emergency			
If Asthma, consent for School emergency inhaler to be used if own inhaler is unavailable		Please tick : Yes	<input type="checkbox"/> No <input type="checkbox"/>

**NB : Medicines must be in the original container as dispensed by the pharmacy**

### Contact Details

Name of Parent / Guardian	
Relationship to child	
Contact number : Home	
Work	
Mobile	

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

Signature : \_\_\_\_\_ Date : \_\_\_\_\_

