

CITY OF LONDON SCHOOL FOR GIRLS

**PARENTAL AGREEMENT FOR CLSG TO ADMINISTER
PRESCRIPTION MEDICINE**

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

Date.....

Child's Name.....

Form.....

Name and strength of medicine.....

Expiry date.....

How much to give (i.e. dose to be given).....

When to be given.....

Any other instructions.....

.....

Number of tablets/quantity to be given to the school.....

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

Contact name.....

Daytime phone no. of parent or adult contact.....

Name and phone no. of GP.....

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering 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.

Parent's signature.....

Print Name.....

Date.....

If more than one medicine is to be given a separate form should be completed for each one.