Parent / Guardian Agreement for Newfield School to administer medicine 2026/27

Newfield School will not give your child medicine unless you complete and sign this form.

Date today:				
Name of child:				
Date of birth:				
Class:				
Medical condition or illnesses:				

PRESCRIBED MEDICINE

Name/type of medicine: *(as described on the container)*				
Strength of Medication e.g. 1mg/5ml *(as described on the container)*				
Dosage amount:				
Time(s):				
Expiry date:				
Method – (Oral, PEG, JEJ etc.)				
Special precautions/other instructions				
Are there any side effects that the school/setting needs to know about?				
Self-administration – Y/N				
Procedures to take in an emergency				

NB: Prescribed Medicine must be in the original container Unopened and correctly labelled.
Please ensure there is a syringe in the box as well

Parent / Guardian - Contact Details and Consent for Newfield School Staff to administer this medication.

Name:	
Daytime telephone no:	
Relationship to child:	
Address:	

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

By signing this form the duration of consent will run for the full school year – September 26 to July 27

Signature(s)_____ Date _____