



# Dr South's CE(A) Primary School

Bletchington Road, Islip, Kidlington, Oxon OX5 2TQ

*Faith, Hope and Love*

**Headteacher:** Mr Huw Morgan

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## Parental agreement for school to administer medicine

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

Name of child:	
Date of birth:	
Class:	
Medical condition or illness:	

<b>Medicine</b>	
Name (as printed on the container):	
Date dispensed:	
Expiry date:	
Dosage and method:	
Timing:	
Special precautions:	
Any side effects that the school needs to know about:	
Procedures to take in an emergency:	

<b>Contact details</b>	
Name:	
Daytime telephone number:	
Relationship to child:	

I accept that this is a service that the school is not obliged to undertake.

I understand that I must notify the school in writing of any changes.

Signed

Date