

AGREEMENT TO ADMINISTER MEDICINE

It is agreed that (name of child)
will receive(quantity and name of medicine)
everyday at (time medicine to be administered eg break or
lunchtime)

Name of child
will be given/supervised whilst he/she takes their medicine by
..... (name(s) of member(s) of staff)
.....

This arrangement will continue until
(this date will either be the end date of the course of medicine or until instructed
by parents)

Signed Date
S Arnold
Head Teacher