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LITTLE HARROWDEN Community Primary School



Parental Agreement for Setting to Administer Medicine

Generic Asthma Inhaler

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

Name of school/setting
 Name of child
 Date of birth
 Class
 Medical condition or illness

Medicine

Name/type of medicine
(as described on the container)
 Expiry date
 Dosage and method
 Self-administration - y/n

School owned generic adrenaline pen (Jext)
As per box
Oral
To be supervised or delivered by trained staff member

Contact Details for Parent

Name
 Daytime telephone no.
 Relationship to child
 Address
 I understand that I must deliver the medicine personally to

Gail Roe or Lorna Cooper: School Office Staff

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in my child's condition, or they no longer require this permission to be in place.

Signature(s) _____

Date _____



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