



JUNIOR SCHOOL

AN ACADEMY | PART OF INSPIRE TRUST

**Head Teacher – Jennifer Dawson**

Grange Road, Rotherham, South Yorkshire, S60 3LA

Tel: 01709 531867 or 01709 701210 • Email: [info@sitwelljunior.uk](mailto:info@sitwelljunior.uk)

Web: [www.sitwelljunior.uk](http://www.sitwelljunior.uk) • [@SitwellSchool](https://twitter.com/SitwellSchool)

## **Parental Agreement for Sitwell Junior School to Administer Medicine**

We cannot give your child medicine unless you complete and sign this form.

Date	
Child's Name	
Class	
Name & Strength of Medicine	
Reason for taking Medicine	
Expiry Date	
How much to give (i.e. dose to be given)	
When to be given?	
Any other Instructions?	
Have they had the Medicine before?	
Was there any Adverse Reaction to the Medication? If Yes, give details.	

**Note: Medicine must be in the original container as dispensed by the pharmacy with a clear label in date with your child's name**

Daytime Phone No. of Parents or Carer Contact	
Agreed Start Date of Medication with School	

The above information is, to the best of my knowledge, accurate at the time of writing.  
By completing this form, I give consent to Sitwell Junior school staff administering medicine.  
If there is any change in dosage /frequency or the medication has stopped, I will inform school immediately.

Parent / Carer's Name	
Parent/Carer's Signature	
Email	

**Note: If more than one medicine is to be given, a separate form must be completed for each one.**



We're working  
towards Artsmark  
Awarded by Arts  
Council England



آپ کو اس خط اردو میں ترجمہ درکار ہے تو ، مسز اختر یا اسکول کے دفتر کا مراجعہ کریں .