



# Whiteknights

## Growing Greatness

**Whiteknights Primary School**  
Fairlawn Green, Shinfield Rise,  
Reading, Berkshire, RG2 8EP  
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@wokingham\_knight   
Headteacher: Mrs B Reynolds

### Parental/Guardian agreement for Whiteknights Primary School to administer medicine

**Whiteknights Primary School will be unable to give your child medicine unless you complete and sign this form. In any emergency, we will contact 999.**

Name of child:	
Date of birth:	
Class/year:	
Medical condition or illness:	
Name/type of medicine: <i>(as described on the container)</i>	
Expiry date:	
Dosage and method:	
Timing:	
Duration (please state final date to be given)	
Special precautions/instructions e.g. store in fridge:	
Are there any side effects that the school/setting needs to know about?	
Does your child take it themselves?	

**NB: Medication that has been prescribed by a doctor, must be in the original container as dispensed by the pharmacy, clearly showing the child's name.**

Name of person filling out form:	
Relationship to child:	
Emergency contact details:	

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff to administer medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped. I accept that the school will check the dispensed/ expiry date, name and dosage instructions and packaging before accepting any medicine for administration and that the school reserves the right to refuse to accept medication. Please note: If your child refuses to take the medication, the school will not force them to do so and we will notify you of their refusal.

Please refer to our 'Supporting Pupils with Medical Conditions' policy including 'Administration of Medicines' for further information.

Signature/s

Date:

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