**Form 4**

**Head Teacher/Head of Setting Agreement to Administer Medicine**

CORPORATE HEALTH & SAFETY | VERSION 4.05 | June 2023

Name of School/ Setting: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

It is agreed that(name of the child) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ will receive (name of medicine and quantity)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_every day at (time of the medicine administered) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

(Name of Child) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_will be given/supervised whilst he/she takes their medication by (name of member of staff) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This arrangement will continue until (either end of date of course or until instructed by parent/carers) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- |
| **Signature** |       |
| **Print Name** |       | **Date** |       |

*(The Head teacher/Head of setting/named member of staff)*