

Parental agreement for school to administer medicine

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

Name of school

Name of child

Date of birth

Class

Medical condition or illness

Medicine

Name/type of medicine
(as described on the container)

Date dispensed

Expiry date

Duration of treatment

Dosage and method

Timing

Special precautions

Are there any side effects that the School should know about?

Self administration **Yes/No** *(Delete as appropriate)*

Procedures to take in an emergency

Contact details

Name

Daytime telephone No

Relationship to child/parental responsibility

I understand that I must deliver the medicine personally to

I accept that this is a service that the school is not obliged to undertake. I understand that I must notify the school of any changes in writing.

Date _____ **Signature(s)** _____