



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 permission that the staff can administer medicine.
Medicines must be in the original container as dispensed by the pharmacy.

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| Name of Child | |
| Date of Birth | |
| Class | |
| Medical Condition or Illness | |
| Medicine | |
| Name of Medicine <small>(as described on label of original container)</small> | |
| Date dispensed | |
| Expiry date | |
| Dosage (how much to give) | |
| Method | |
| Timing (when to give) | |
| Other instructions/special precautions | |
| Are there any side effects? | |
| Self administration (yes/no) | |
| Emergency Procedures | |
| Contact details | |
| Name of parent/carer | |
| Daytime phone number | |
| GP Name/Surgery | |
| Agreed review date <small>To be initiated by (name of staff)</small> | |

I understand that I must notify the school and review this medical form if there are any changes in dosage, frequency of the medication or if the medicine is stopped.

ALL MEDICINE MUST BE PERSONALLY DELIVERED TO A MEMBER OF STAFF IN SCHOOL RECEPTION.

Parent/ Carer signature: _____

Print name: _____

Date: _____

Staff signature: _____

Print name: _____

Date: _____