



Parental agreement for school to administer medicine

The school will not give your child medicine unless you complete and sign this form

NB: Medicines must be in the original container as dispensed by the pharmacy

Name of child

--

Date of birth

--

Class

--

Medical condition or illness

--

Medicine

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

--

Expiry date

--

Dosage and method

--

Timing

--

Special precautions/other instructions

--

Are there any side effects that the school needs to know about?

--

Self-administration

Yes	No
-----	----

Prescription/ Non-prescription

Prescription	Non-prescription
--------------	------------------

Procedures to take in an emergency

--

Contact Details

Name

--

Daytime telephone no.

--

Relationship to child

--

Address

--

I understand that I must deliver the medicine personally to

Mrs L Wright



The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school's policy.

Prescription: 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.

Non-prescription: I confirm that I have administered this non-prescription medication, without adverse effect, to my child in the past. I will inform the school immediately, in writing, if my child subsequently is adversely affected by the above medication.

Signature _____

Date _____