

Parental Agreement for School to Administer Medicines

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

Date for review to be initiated by

Name of school setting

Name of child

Date of birth

Group/Class/Form

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/setting needs to know about?

Self-administration – Y/N

Procedures to take in an emergency

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

Contact details

Name

Daytime telephone no.

Relationship to child

Address

I understand that I must deliver the medicine personally to

Ms Rekha Kaur (Student Welfare Officer)

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the Medication or if the medicine is stopped.

Signature

Date