

Parental Agreement for the School to Administer Medicine



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

Administration of medication form

Name of child:

Date of birth:

Group/class/form:

Medical condition or illness:

Medicine

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

Expiry date:

Dosage and method:

Timing:

Special precautions and/or other instructions:

Any side effects that the school needs to know about:

Self-administration – Yes/No:

Procedures to take in an emergency:

NB: Medicines must be in the original container as dispensed by the pharmacy – the only exception to this is insulin, which may be available in an insulin pen or pump rather than its original container.

Contact details

Name:

Daytime telephone number:

Relationship to child:

Address:

I will personally deliver the medicine to:

<u>Name and position of staff member</u>

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent for school staff to administer medicine in accordance with the relevant policies. 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.

Signature _____

Date _____

