



Parental Request for the School to Administer Medication

The school will not be able to administer any medication unless you complete and sign this form.

Medication 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.

Name of child:

Date of birth:

Class:

Medical condition or illness:

Name of Medication:
(as described on the container):

Expiry date:

Dosage:

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:

Last day medication to be given in school:

Contact details

Name:

Daytime telephone number:

Relationship to child:

Address:

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 medication 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 medication is stopped.

Signature _____ Print Name _____ Date _____
(Person with parental responsibility)

