



Parent agreement for school to administer medicine

The school will not give your child medicine unless you complete and sign this form. Please see our Medicine's Policy for further details of the administration of medicines in school.

Name of child _____

Date of birth _____ Class _____

Medical condition or illness: _____

Medicine:

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

Date dispensed: _____ Expiry date: _____

Agreed review date, to be initiated by (named member of staff)

Dosage and method _____

Timing _____

Special precautions _____

Are there any side effects that the school should be aware of? _____

Procedures to take in an emergency: _____

Contact details:

Name: _____

Daytime telephone number: _____

Relationship to child: _____

Address: _____

I understand that I must deliver and collect the medicine to the school office personally.

I accept that this is a service that the school is not obliged to undertake.

I understand that I must notify the school of any changes in writing.

Signed: _____ Date: _____