



## Downs Infant School Parental Agreement for School to Administer Medicine

The school will not give your child medicine unless you complete and sign this form. Our school has a policy that the staff can administer medicine with parental consent.

Date for Review/End of Course of medicine	
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	
Any relevant side effects that the school needs to know about?	
Any other information?	
Self-administration	YES/NO
Procedures to take in an emergency	

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

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

Date: \_\_\_\_\_