



Nancy Reuben Primary School

Parental agreement between parents and school for the administration of medicine (Short Term)

In accordance with the school's Administration of Medicines Policy, the school will not give your child medicine unless you complete and sign this form and the medicine provided adheres to the conditions of the school's policy.
 (A copy of the Administration of Medicines Policy Medicine can be read / downloaded from the policies section of the website.)

Name of school/setting		
Name of child		
Date of birth		
Class		
Medical condition/illness		
Medicine		
Name/type of medicine (as described on the container)		
Date dispensed		
Expiry date		
Agreed review date to be initiated by (staff member		
Dosage and method		
Timing		
Special precautions		
Are there any side effects that the school needs to know about?		
Self-administration	Yes	No
Procedures to take in an emergency		
Contact details		
Name		
Daytime telephone number		
Relationship to the child		
I understand I must personally deliver the medicine to a member of the school office staff	Name of staff member	Signature of staff member

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.
 I understand that a non-medical professional will administer my child's medication, as defined by the prescribing professional only.

Signature		Date	
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