

Parental agreement for school to administer medicine

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

Name of child _____

Date of birth _____

Year/class _____

Medical condition or illness _____

Medicine

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

Date dispensed _____

Expiry date _____

Agreed review date to be initialled by (name of member of staff)

Dosage and method _____

Timing _____

Special precautions _____

Are there any side effects
that the school needs to know about? _____

Self administration Yes/No (delete as appropriate)

Procedures to take in an emergency _____

Contact Details

Name _____

Daytime telephone No. _____

Relationship to child _____

Address _____

I understand that I must deliver the medicine personally to (agreed member of staff)

Signed Parent/Carer _____

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.