

**Parental Agreement for School to Administer Prescribed Medicine/Pain Relief (short term use)**

The school will not administer prescribed medicine/pain relief to your child unless you complete and sign this form.

<b>Name of child</b>	
<b>Date of birth</b>	<b>Medical Condition/Illness</b>
<b>Class</b>	<b>Member of staff responsible</b>
<b>Name of medicine</b> (as described on the container)	
<b>Date dispensed</b> /    /	<b>Agreed finish/review date</b>
<b>Expiry date</b> /        /	
<b>Dosage and method</b>	
<b>Timing</b>	
<b>Special precautions</b>	<b>Procedures to take in an emergency</b>
<b>Are there any side effects school needs to know about?</b>	
<b>Note: Medicines Must Be In The Original Container As Dispensed By Pharmacy</b>	
<b>Contact details:</b> Name Daytime telephone no Relationship to child Address	

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

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.

Signature \_\_\_\_\_

Date \_\_\_\_\_