



Parental Agreement for School to Administer Prescribed Medicine

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

Name of child:		Gender:	Male / Female
Date of birth:		Class:	
Medical diagnosis, condition or illness:			
MEDICINE			
Name/type of medicine (as described on the container)			
Expiry Date			
Dosage & method of administration			
When to be given			
Special Precautions or other instructions. eg. with food etc			
Side effects that school must know about			
Can the child self-administer	Y/N	If YES, is supervision required?	Yes / No
Procedures to take in an emergency			

PLEASE NOTE: Medicines must be in the original containers as dispensed by the pharmacy

CONTACT INFORMATION	
Name:	
Relationship to child:	
Mobile Tel No:	
Work Tel No:	
Home Tel No:	
<p>The above information is, to the best of my knowledge, accurate at the time of writing and I consent to school staff administering medicine in accordance with the policy. I will inform school immediately, in writing, if there is any change in dosage or frequency of the medicine or if the medicine is stopped. I understand that I must deliver the medicine personally to the school office and collect at the end of the day as required. I accept that this is a service that the school is not obliged to undertake.</p>	
Signed:	Date:

If more than one prescribed medicine is to be given, a separate form should be completed for each prescription.

