

Parental agreement for school to administer medicine

Loreto Grammar School will not be able to administer medicine to your child unless this form is completed and signed.

Thank you.



Student's Name	
Form	
Date medicine provided by parent	
Name and strength of medicine	
Expiry Date	
Dosage	
When to be given	
Any other instructions	
Number of tablets/quantity given to school	
<i>Note: Medicines must be in the original container as dispensed by the pharmacy</i>	
Daytime phone no. of parent or adult contact	
Name and phone no of GP	
Quantity returned	

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent for school staff to administer medicine in accordance with the relevant policies.

I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication, or if the medicine is stopped.

Please note that medicine brought in by pupils will be returned to their parents for safe disposal when they are no longer required or have expired.

Parent/Carer's Signature _____ Date _____

Print name _____

