



## HOLY FAMILY CATHOLIC HIGH SCHOOL

### Parental agreement for school to administer medicine

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

<b>Name of school</b>	Holy Family Catholic High School
<b>Date</b>	
<b>Child's name</b>	
<b>Form</b>	
<b>Name &amp; strength of medicine</b>	
<b>Expiry date</b>	
<b>Dose to be given</b>	
<b>When to be given</b>	
<b>Number of tablets given to school</b>	
<b>Any other instructions</b>	

***All medicines must be in the original container as dispensed by the pharmacy***

<b>Daytime telephone number of parent/Guardian</b>	
<b>Name and telephone number of GP</b>	

The above information is to the best of my knowledge and accurate at the time of writing. I give consent to the school for a member of staff to administer medicine in accordance with the school policy. I will inform the school immediately in writing if there are any changes in dosage/frequency of the medication or if the medicine is stopped.

**Parent's signature:** \_\_\_\_\_

**Print name:** \_\_\_\_\_

***If more than one medicine is to be given a separate form should be completed for each one***