

Parental agreement for school to administer non-prescription medicine

The school will not give your child non-prescription medicine unless you complete and sign this form.

Name of school/setting	
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

Medicine

Name/type of medicine <i>(as described on the container)</i>	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	

NB: Medicines must be in the original container

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	

I understand that the school takes no responsibility for any unknown adverse effects that may result from the administration, as stated, of the above medication.

Signed: _____ Parent/Carer Date: _____