**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*(as described on the container)* |  |
| 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_