

Parental Agreement for the School to Administer Medicine

The school will not administer medicine to a child unless this form is completed and signed by their parent/carer.

Administration of medication form

Date for review to be initiated by:

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Name of child:

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Date of birth:

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Group/class/form:

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Medical condition or illness:

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Medicine

Name and/or type of medicine

(as described on the container):

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Expiry date:

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Dosage and method:

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Timing:

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Special precautions and/or other instructions:

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Any side effects that the school needs to know about:

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Self-administration – Yes/No:

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Procedures to take in an emergency:

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NB: Medicines must be in the original container as dispensed by the pharmacy – the only exception to this is insulin, which may be available in an insulin pen or pump rather than its original container.

Contact details

Name:

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Daytime telephone number:

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Relationship to child:

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Address:

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I will personally deliver the medicine to: (Name and position of staff member)

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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.

Signature

Date

Print Name