

Parental Agreement for School Staff to Administer Medicine

The School will be unable to administer medicine without a signed copy of this form.

Name of child Class Medical condition	
Name/type of medicine Dosage/method Time to be administered Expiry date Precautions Side effects	

I accept that this is an additional service which the school is not obliged to undertake, and that any changes will be notified to the school in writing.

Signed...... Parent/Carer Date.....

Record of Medicine Administered

Date & Time of Medicine Being	By Whom & Signature	Date & Time of Medicine Being	By Whom & Signature
Administered	olgharare	Administered	Signature