# trin st stephenAGREEMENT FOR ADMINISTRATION for ongoing medical conditions

|  |  |
| --- | --- |
| PUPIL’S NAME |  |
| DATE OF BIRTH |  | CLASS |  |
| ADDRESS |  |

|  |  |
| --- | --- |
| **Medical Condition(s)** |  |
| Medication to be held by school (and where to be stored) | Prescription Medication | Medication’s Expiry Date |
|  |  |
|  |  |
| Instructions for Administering Medication |  | Until / / **Or**Once |

I, the undersigned give consent for the above child to be given medicine by a member of staff as per instruction(s) given above.

|  |  |
| --- | --- |
| Name of parent/carer |  |
| Signature of parent/carer |  | Dated |  |

For use by school staff when medication has been administered:

|  |  |  |
| --- | --- | --- |
| Date | Time | Administered by Staff Member |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |