

PARENTAL AGREEMENT FOR SCHOOL TO ADMINISTER MEDICINE



The school will not give your child medicine unless you complete and sign this form and the school has a policy that staff can administer medicine.

Name of child:

Date of birth: Form:

Medical condition or illness:

.....

Medicine

Name/type of medicine (as described on the container):

.....

Date Dispensed: Day: Month: Year:

Expiry Date: Day: Month: Year:

Agreed review date to be initiated by - Mrs LCompton

Dosage and method:

Timing:

Special precautions:

Are there any side effects that the school needs to know about?.....

.....

Self administration: **Yes** **No**

Procedures to take in an emergency:

Contact Details

Name: Relationship to pupil:

Daytime telephone number(s):

Address:

.....

I understand that I must deliver the medicine personally to Mrs L Compton.

I accept that this is a service that the school is not obliged to undertake. I understand that I must notify the school of any changes in writing.

Signature..... **Date**.....

If more than one medication, please use a separate sheet.