

SCHOOL ADMINISTRATION OF MEDICINE PARENTAL AGREEMENT

Medicines must be given in the original container as dispensed by the pharmacy or bought from the chemist. You can find a copy of our medical policy on our website.

Child's name	
Date of birth	
Class	
Medical Condition or illness	
Name of medicine	
Expiry date	
Dosage and method	
Timing(s)	
Date to end administration in school	
Other instructions	
Side effects	
Emergency Procedures	
Name	
Relationship to child	
Phone number	

Although staff endeavour to remind children to take their medication at the supplied time(s), parents should be aware that this is not always possible. It would be helpful if you ensure your child is aware of the need to take the medication and that they are encouraged to ask the teacher for it. Alternatively we welcome families to come to school to administer the medication personally.

The above information is to the best of my knowledge accurate at the time of writing. I understand it is my responsibility to update the school of any changes relating to the information on this form. I understand and agree to the information supplied on this form and the medical policy and I am aware I can administer medication personally to my child if preferred. I will collect and dispose of any medications etc as I recognise this is not the responsibility of the school.

Print name _____

Signature _____ Date _____

