



## Parental agreement for school to administer medicine

The school/setting will not give your child medicine unless you complete and sign this form.

Name of child \_\_\_\_\_

Date of birth \_\_\_\_\_

Group/class/form \_\_\_\_\_

Medical condition or illness \_\_\_\_\_

**Medicine** (as described on the container)

Name/type of medicine \_\_\_\_\_

Expiry date \_\_\_\_\_

Dosage and method \_\_\_\_\_

Timing of dosage \_\_\_\_\_

Special precautions/other instructions \_\_\_\_\_

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

Yes/No \_\_\_\_\_

Self-administration – yes/no

Procedures to take in an emergency \_\_\_\_\_

**NB: Medicines must be in the original container as dispensed by the pharmacy**

### **Contact Details in case of emergency**

Name \_\_\_\_\_

Daytime telephone no. \_\_\_\_\_

Relationship to child \_\_\_\_\_

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) \_\_\_\_\_

Date \_\_\_\_\_