



Parental Agreement for School to Administer Medicine

The school will not give your child medicine unless it is prescribed by a doctor and you have completed and signed this form.
(The school has a policy that staff can administer medicine.)

Name of Child:

Date of Birth:

Class:

Medical Condition*:

*If asthma please also complete separate orange asthma sheet

Medicine

Name/Type of Medicine:

Date Dispensed:

Dosage and Method:

Timing:

Special Precautions:

Are there any side effects the school needs to know about? Yes/No

Details:

Self Administration: Yes/No

Procedures to take in an emergency

Contact Details

Name:

Daytime phone no(s):

Relationship to child:

Address:

I understand that I must deliver the medicine personally to either the office or the class teacher.

I accept that this is a service that the school is not obliged to undertake, and also that I must notify the school of any changed in writing.

Signed: Date: