



Parental agreement for school/setting to administer medicine

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

Name of child Class

Medical condition or illness..... Date of birth

Medicine

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

Date dispensed Expiry date

Dosage and method.....

Time of dosage

Name of Prescribing Doctor:

Storage/Preparation Details

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

Self-administration Yes/No (delete as appropriate)

Procedures to take in an emergency

Contact Details

Parent/Carer Name

Contact Telephone No.

I give permission for staff to administer medication according to the details above.

I understand that staff cannot fully guarantee that medication will be administered exactly as above, and that in this event staff cannot be held responsible for any adverse consequences.

Signed Date

Please hand this form (clearly marked with your child's name) to the school office.