



## 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 school	
Name of child	
Date of birth	/ /
Class and Year	
Medical condition or illness	
<b>Medicine</b>	
Name/type of medicine (as described on the container)	
Date dispensed	/ /
Expiry date	/ /
Agreed review date to be initiated by	
Dosage and method	
When to be given	
Any other instructions	
Timing	
Special precautions:	
Has this medicine been administered to the child before, without any adverse side effects?	Please give details if No
Are there any side effects that the school/setting needs to know about?	
Self administration?	
Procedures to take in an emergency	
<b>Contact Details</b>	
Name	
Daytime telephone no.	

Relationship to child	
Address	
Who is the person to be contacted in an emergency	
I understand that I must deliver the medicine personally to	

I accept that this is a service that the school/setting is not obliged to undertake.

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to the school/setting staff (or my son/daughter) administering medicine in accordance with the school/setting policy. I understand that I must notify the school/setting in writing of any change in dosage or frequency of medication or if medication is stopped.

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