

## Parental agreement for school to administer medicine

We will not give your child medicine unless you complete and sign this form, and it is in line with our policy regarding medicines.



Medicine **prescribed by a doctor** and to be taken **four times** a day **only** can be administered by school medical staff. Medicine must be in its original packaging with dosage instructions as dispensed by the pharmacy.

<b>Child's Name</b>	Date
<b>Child's Date of Birth</b>	
Medical condition	
<b>Name</b> of medicine (as described on the container)	
<b>Dose</b> (how much to give)	
<b>When</b> to be given	
Any other instructions special precautions or side effects the school should be aware of?	
The above information is accurate to the best of my knowledge and I give my consent to school staff to administer medicine in accordance with the school's medical policy. I understand that this is a service which the school is not obliged to undertake. I will inform the school immediately if there is any change in dosage or frequency of the medication or if the medicine is stopped. <b>My child has had no previous reaction to this medicine.</b>	
Parents signature	
Name of parent (please print)	
Emergency Contact number	

**If more than one medicine is to be given a separate form should be completed for each one**


