

## Parental agreement for school to administer prescribed medicine

The school will not give your child medicine unless you complete and sign this form. The school has a policy regarding staff administering medicine. All medicine must be in its original packaging with label and dosage instructions.

Name of School/Setting \_\_\_\_\_

Name of Child: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Registration Group: \_\_\_\_\_

Medical condition/illness: \_\_\_\_\_

Name/Type of Medicine (as described on the container): \_\_\_\_\_

Date dispensed: \_\_\_\_\_

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

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

Timing: \_\_\_\_\_

Special Precautions: \_\_\_\_\_

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: \_\_\_\_\_

Doctors Name and Telephone No: \_\_\_\_\_

### Emergency Contact Details

Name: \_\_\_\_\_

Daytime Telephone No: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I understand that I must deliver and collect the medicine personally to and from my child's class and accept that this is a service that the school/setting is not obliged to undertake.

I understand that I must notify the school/setting of any changes in writing.

Date: \_\_\_\_\_

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

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