

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 the school office 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: _____