



Parental agreement for school to administer medicine

IMPORTANT: Pharmacy label on box only is NOT ENOUGH – medicine also needs to be in original pharmacy container with pharmacy label on giving child’s name and DOB, name of medicine and dosage instructions.

The school will not give your child medicine unless you complete and sign this form in accordance to the school policy. Medicines must be in the original container and labelled as dispensed by the pharmacy.

Date for review to be initiated by

Name of child

Date of birth

Group/class/form

Medical condition or illness

Medicine

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

Expiry date

Dosage and method

Timing

Special precautions/other instructions

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

Self-administration – y/n

Procedures to take in an emergency

Prescription/Non-Prescription
(Delete as appropriate)

Prescription	Non-prescription

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details

Name

--

Daytime telephone no.

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Relationship to child

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Address

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Any other instructions

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Doctor's name & contact details:

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school's policy.

Prescribed Medication: I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped. *(delete as appropriate)*

Non-prescription medication: I confirm that I have administered this non-prescription medication, without adverse effect, to my child in the past. I will inform the school immediately, in writing, if my child subsequently is adversely affected by the above medication. *(delete as appropriate)*

If more than one medicine is required a separate form should be completed for each one.

Date: Parent/Guardian Signature:

Relationship to Pupil: