Parental agreement to administer medicine

The school will not give your child medicine unless you complete and sign this form, and the school has a policy that the staff can administer medicine.

Date of Authorisation by Parent/Guardian*	
Name of child	
Date of birth	
Class	
Medical condition or illness	

Medicine

Name *(as described on the container)*	
Form of Medicines (liquid, tablet)	
Expiry date	
Dosage and method	
Frequency	
Storage of medicine ie fridge	
First Date of Administration	
Projected Last Date of Administration	
Special precautions/other instructions	
Are there any side effects that the school needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	

NB: Medicines must be in the original container as dispensed by the pharmacy and childs name must be on label

Contact Details

Name	
Daytime telephone no.	
Relationship to child	

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 policy. 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.

Parent/Guardian Signature _____ Date _____

*Parental Responsibility