



Parental agreement for school/setting to administer medicine

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

Name of Child: _____

Date of Birth: _____

Group/Class/Form: _____

Medical condition/illness: _____

Medicine

Name of Medicine (as described on the container): _____

Date dispensed: _____

Expiry date: _____

Dosage and method: _____

Time medicine to be administered _____

Any 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: _____

Contact Details

Name: _____

Daytime Telephone No: _____

Relationship to Child: _____

Address: _____

I understand that I must deliver the medicine personally to the school office and collect from the school office. I 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: _____