

**Parental agreement for school to administer medicine**

The school will not give your child medicine unless you complete and sign this form.

Medicines must be supplied in the original container with the original printed pharmacy label showing the child's name and complete instructions.

*Unless there are exceptional circumstances we will usually only administer medically prescribed medication- e.g. antibiotics*

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

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

Class: \_\_\_\_\_

Medical condition/illness: reason for medication ( PTO if needed) \_\_\_\_\_

**Medicine**

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

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

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

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

*A spoon etc must be included with medication* \_\_\_\_\_

Timing: when to be given in school \_\_\_\_\_

Special Precautions: e.g. storage –fridge? \_\_\_\_\_

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

PTO if needed \_\_\_\_\_

Self Administration: Can the child take this under adult supervision? Yes/No (delete as appropriate) \_\_\_\_\_

Procedures to take in an Emergency: \_\_\_\_\_

PTO if needed \_\_\_\_\_

**I understand that I must deliver and collect the medicine personally to the school office and accept that this is a service that the school is not obliged to undertake.**

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

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

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

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