



**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: \_\_\_\_\_