



Parental agreement for school to administer medication

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

Name of Child: _____

Date of Birth: _____

Class _____

Medical condition/illness: _____

Medicine

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

Date dispensed: _____

Expiry date: _____

Dosage and method: _____

Timing: _____

Special Precautions: _____

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

Self Administration: Yes/No (delete as appropriate)

Procedures to take in an Emergency: _____



Contact Details

Name:

Daytime Telephone Nos:

Relationship to Child:

Address:

I understand that I must deliver 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.

Date:

Signature(s):

Relationship to child:
