

Parental agreement to administer prescribed medicine to pupil

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

Name of child		
Date of birth		
Class		
Medical condition or illness		
Medicine		
Name / strength (as described on the container; eg: Amoxil 250mg/5ml)		Date Dispensed
Expiry date		
Dosage and method		
Timing		
Special precautions / other instructions		
Are there any side effects that the School needs to know about?		
Self-administration	Yes	No
Procedures to take in an emergency		
NB: Medicines must be in the original container as dispensed by the pharmacy		
Contact details		
Name		
Daytime telephone number		
Relationship to child		
Address		

I understand that I/or nominated adult must deliver the medicine personally to the School Secretary's Office/or if for a residential school trip, to the teacher in charge of the trip.

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.

Signature(s).....

Date.....