Parental agreement for school/setting to administer medicine

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

Name of School: Nine Mile Ride Primary School

Name of Child: ..... Date of Birth:..... Class.....

Medical condition/illness: …….

Medicine

Name/Type of Medicine (as described on the container) …….....

Date dispensed: ……..... Expiry date: .....

Agreed review date to be initiated by
(name of member of staff) .....

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: ..... Relationship to Child:.....

Day time Tel. No. …….....
Address: .....

I understand that I must deliver the medicine personally to (agreed member of staff) 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.

Signatures(s): ……..... Date: .....
Relationship to Child:.....

Date	Time	Administered by	Date	Time	Administered by:

Record of administration of medicine

Date	Time	Administered by	Date	Time	Administered by: