

## Parental agreement to administer medicine

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

|   |  |  |  |  |
|---|--|--|--|--|
| <b>Name of child</b>  |  |  |  |  |
| Date of birth   |  |  |  |  |
| Group/class/form  |  |  |  |  |
| Medical condition or illness                                    |  |  |  |  |
| Name/type of medicine<br><i>(as described on the container)</i> |  |  |  |  |
| Expiry date   |  |  |  |  |
| Dosage and method   |  |  |  |  |
| Timing  |  |  |  |  |
| Special precautions/other instructions                          |  |  |  |  |
| Are there any side effects that the school needs to know about? |  |  |  |  |
| Self-administration – y/n                                       |  |  |  |  |
| Procedures to take in an emergency                              |  |  |  |  |
| <b>Name</b>   |  |  |  |  |
| Daytime telephone no.   |  |  |  |  |
| Relationship to child   |  |  |  |  |
| I understand that I must deliver the medicine personally to     | The school office or the head of studies |  |  |  |

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) \_\_\_\_\_ Date \_\_\_\_\_