

**Parental and School agreement for school to administer medicine**

**All parts of Form MUST be completed**

School staff are unable to give your child medicine unless you complete and sign this form and it is then signed by a member of office staff  
Please ensure that all medicines are brought to the school office by an adult along with this completed form

**(Please note that the school takes no responsibility for remembering to administer the medicine at the specified times)**

**Name of child**..... **Date**.....

**Date of birth**..... **Year/Class**.....

**Medical condition or illness**.....

**Medicine**

**Name of medicine** (as described on container).....

**Date dispensed**..... **Expiry date of medicine**..... **Time to be given**.....

**Dosage and method**.....

**Special precautions to be taken** (if none, please state 'none').....

**Procedures to take in an emergency**.....

**CONTACT DETAILS**

**Name**.....

**Daytime telephone no.**.....

**Name and phone no. of GP**.....

\* The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school administering medicine in accordance with the school policy.

\* I understand that I must deliver the medicine personally to the school office, not the classroom.

\* I accept that this is a service that the school is not obliged to undertake.

\* I understand that I must notify the school immediately in writing, if there is any change in dosage or frequency or if the medicine is to be stopped.

\* I agree to collect any unfinished medicine and am responsible for the disposal of such medicine.

**Date**..... **signature(s)**..... **print**.....

**For school use only:**

**(child's name)** ..... **received the above medicine**

**On:** ..... **(date)**                      **At:** ..... **(time)**

**and was administered by (name of staff)**.....

**and witnessed by (name of staff)**.....

**Date**..... **Signed (name of staff) signature**.....