



Parental agreement for School to administer medicine

School can only administer medicine to your child on signed completion of this form

Name of child

Date of birth

Year/Form

Medical condition or illness

Medicine

Name/type of medicine
(as described on the container)

Expiry date

Dosage and method

Please confirm if medication has been prescribed or purchased over the counter

Prescribed by a medical practitioner

Yes / No

Purchased by parent or carer over the counter

Yes / No

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

Self-administration – yes/no

Procedures to take in an emergency

****** Medicines must be in the original container as dispensed by the pharmacy******

******Please sign and complete contact details on this this form******

Contact Details

Name

Daytime telephone no.

Relationship to child

Address

I understand that I must deliver the medicine personally to

First Aid – Success Centre

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 schools 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 _____