

**Parental agreement for school to administer medicine**

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

Name of Child: \_\_\_\_\_

Class: \_\_\_\_\_

Medical condition/illness: \_\_\_\_\_

**Medicine**

Name/Type of Medicine (as described on the container): \_\_\_\_\_

Dosage and method: \_\_\_\_\_

Timing: \_\_\_\_\_

Dates to administer from & to: From \_\_\_\_\_ To \_\_\_\_\_

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

\_\_\_\_\_

Self-Administration: Yes/No (delete as appropriate)

**Contact Details**

Name: \_\_\_\_\_

Daytime Telephone No: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_

I understand that I must deliver the medicine personally to the office and accept that this is a service that the school is not obliged to undertake.

I understand that I must notify the school/setting of any changes in writing.

Date: \_\_\_\_\_

Signature(s): \_\_\_\_\_

Relationship to child: \_\_\_\_\_