

PARENTAL AGREEMENT FOR SCHOOL TO ADMINISTER MEDICINE

The school will not give your child their prescribed medicine unless you complete and sign this form. If more than one prescribed medicine is to be given, a separate form should be completed for each prescription.

CHILD'S DETAILS	
Name of Child	
Group/class/form	
Date of birth	
Medical diagnosis or condition	

MEDICINE	(it is a requirement that we hold detailed information of medication, dosage, including the complete packaging and instructions)
Name/type of medicine (as described on the container)	
WHEN TO BE GIVEN	
Dosage and time	
Any other instructions or special precautions	
Any side effects that the school needs to know about?	

For safety reasons medication is kept in the staff room where it is accessible at all times, (but under the supervision of the school staff).
Named medication must be delivered to and collected from the school office on a daily basis and requires signing for on each occasion.

IN AN EMERGENCY	
Emergency procedures to take	
Name and telephone number of GP	

CONTACT DETAILS	
Contact name	
Relationship to child	
Daytime telephone/mobile	
Address	
Any other information?	

<ul style="list-style-type: none"> • I give consent for school staff to administer the above mentioned prescribed medication to my child. I understand that I must deliver the medicine personally to the school office and collect it at home time. • I understand that this is a service that the school is not obliged to undertake. • I will notify the school in writing of any changes in my child's condition/medication. • In the event of parents/emergency contact being unable to be located during and emergency, I give permission for a member of the school staff to take the necessary action. 	
Parent/guardian signature	
Date	

