**Parental agreement to administer medicine**

The school will not give your child medicine unless you complete and sign this form. If more than one medicine is to be given, a separate form should be completed for each one. **PLEASE INFORM YOUR CHILD’S CLASS TEACHER THAT THIS MEDICATION IS REQUIRED.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of child |  | | | | |
| Date of birth |  |  |  |  | |
| Class |  | | | | |
| Medical condition or illness |  | | | | |
| **Medicine** |  | | | | |
| Name/type of medicine  *(as described on the container)* |  | | | | |
| Expiry date |  |  |  |  | |
| Dosage and method |  | | | | |
| Timing |  | | | | |
| Dates to be given (From – To) |  | | | |  |
| Storage arrangements |  | | | | |
| Special precautions/other instructions/any side effects that the school needs to know about? |  | | | | |
| Procedures to take in an emergency |  | | | | |
| **NB: Medicines must be in the original container as dispensed by the pharmacy. Medicines containing ibuprofen cannot be given to any child in school unless prescribed by a doctor.**  **Contact Details** | | | | | |
| Name |  | | | | |
| Daytime telephone no. |  | | | | |
| Relationship to child |  | | | | |

**The above information is, to the best of my knowledge, accurate at the time of writing and I give consent for school staff to administer medicine in accordance with the school policy. I understand that I must deliver and collect medicines personally to a member of staff in the school office.**

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