

Parental Agreement for School to Administer Medicine

The school will not give your child medicine unless you complete and sign this form, and the school has a policy that staff can administer medicine.

Name of school:
Name of Child:
Date of Birth:
Year/Class:
Medical condition or illness:

Medicine

Name/type of medicine: <i>[as described on the container]</i>
Date dispensed:
Expiry date:
Timing:
Dosage and method:
Agreed review date to be initiated by: <i>[name of member of staff]</i>
Special Precautions:
Are there any side effects that the school needs to know about? <i>[use an extra sheet if necessary]</i>
Self administration - Yes/No <i>[delete as appropriate]</i>
Procedures to take in an emergency:

Contact details

Name: <i>[printed]</i>
Daytime telephone number:
Relationship to child:
Address:

I understand that I must deliver the medicine personally to *[agreed member of staff]*

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

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

Date:
Name: <i>[printed]</i>
Signature:

Form 5

Record of Medicine Administered to an Individual Child

Name of school:
Name of Child:
Year/Class:
Quantity received:
Expiry Date:
Quantity returned:
Dose and frequency of medicine:
Date medicine provided by parent:
Name and strength of medicine:
Staff signature:
Signature of parent:

Date:
Time given:
Dose given:
Staff signature:
Name of Staff Member:
Date:
Time given:
Dose given:
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