



Parental agreement for School to administer medicine

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

Important: School staff are not required to undertake this duty

Date for review to be initiated by	
Name of school/setting	
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

Medicine

Name/type of medicine <i>(as described on the container)</i>	
Expiry date	
Dosage and method	
Timing	
Date and time of last dosage given	
Storage instructions	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	
What action is necessary in the event of an accident or failure of the agreed procedure:	

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to the school office	

PARENT/GUARDIAN CONSENT. Please read and sign.

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 school 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.

This task is being undertaken voluntarily and in a spirit of general care and concern. We will make every effort to administer this medication on time and as required. The member of staff responsible can make no absolute guarantees, and may decline to accept responsibility once they have read these instructions. If so you will be informed immediately.

Signature(s): _____ Date: _____

STAFF MEMBER.

DO YOU UNDERSTAND EXACTLY WHAT IS REQUIRED? YES/NO

Signature(s): _____ Date: _____