

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 a responsible member of staff for safe storage 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: _____

