Dear Parents

**Parental agreement for school to administer medicine**

If your child has prescribed medicine that needs to be administered more than three times a day, please complete the following. The school cannot give your child medicine unless you complete and sign this form. The school has a policy that named staff can administer medicine.

Name of Child: DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical condition/Illness:

Name of Medicine (on container):

Date dispensed: Expiry date:

Date medicines should cease to be administered:

Dosage, method & timing:

Any special precautions/side effects:

Procedure to take in an Emergency:

I understand that I must deliver the medicine personally to the office manager and 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: Emergency contact Tel no:

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship to child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Record of Medicine administered to child named overleaf.Stated dosage, method & timing and dates medicines should begin and cease to be administered must be adhered to as stated on parental consent form overleaf. |
| Date | Time | Signature | Any reactions (report to parents immediately) |
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