



VALLEY GARDENS MIDDLE SCHOOL

AGREEMENT TO ADMINISTER MEDICINE

Note: Medicines must be in the original container as dispensed by the Pharmacy

1. Name of child Form
2. Name and strength of medicine
3. Date received
4. Dose and frequency of medicine
(or as printed dosage schedule)
5. Quantity received
(Number of doses/volume)
6. Quantity returned
7. Date returned
8. End date of course of medication.....

It is agreed that (name of child)

will receive (on presenting themselves to the school office) the medicine named above

at the following time/s

Medication will be given by a member of the office staff.

It is agreed that the parent/carer of the above child will notify the school office of any changes.

Signed(parent/carer) Date