

## Parental Agreement for Setting 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.

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	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	

**NB: Medicines must be in the original named container**

### Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	

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.

Signature(s) \_\_\_\_\_

Date \_\_\_\_\_

## Record of Medicine Administered: For Office Use Only

Name of child	
Group/class/form	
Date medicine provided by parent	
Quantity Received	

### Medicine

Name/type of medicine <i>(As described on the container)</i>	
Expiry date	
Dosage and method	
Quantity returned	
Staff Signature	

Date			
Time Given			
Dose Given			
Staff name Print and sign			
Student sign			

Date			
Time Given			
Dose Given			
Staff name Print and sign			
Student sign			