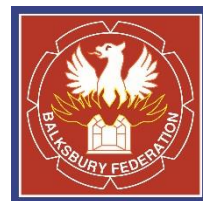


# Parental agreement to administer medicine



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

Name of school

Name of child

Date of birth

Group/class

## Medicine

Name/type of medicine  
(as described on the container)

Dosage and method

Time medicine to be given

Special precautions/other  
instructions

Are there any side effects that  
the school needs to know  
about?

Self-administration – y/n

Procedures to take in an  
emergency

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

**I understand that I must deliver the medicine  
personally to**

The main office

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 \_\_\_\_\_