



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.

Date

Name of child

Date of birth

Group/class/form

Medical condition or illness

Medicine

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

Expiry date

Dosage and method

Timing for dosage and date of final dose

Special precautions/other instructions

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

Procedures to take in an emergency

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

Contact Details

Name

Daytime telephone no.

Relationship to child

Address

I understand that I must deliver the medicine personally to

The School Office

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) _____

Date _____

From Supporting Children with medical needs policy – November 2024



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