



## Parental agreement for setting to administer medicine/students carry their own medication

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 or the students can carry their own.

Date for review to be initiated by

Name of school/setting

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

Special precautions/other instructions

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

Leave medication in the medical room

Carry own

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


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 \_\_\_\_\_



