**Parental agreement to administer medicine**

The school will not give your child medicine unless you complete and sign this form. If more than one medicine is to be given, a separate form should be completed for each one. **PLEASE INFORM YOUR CHILD’S CLASS TEACHER THAT THIS MEDICATION IS REQUIRED.**

|  |  |
| --- | --- |
| Name of child |  |
| Date of birth |  |  |  |  |
| Class |  |
| Medical condition or illness |  |
| **Medicine** |  |
| Name/type of medicine*(as described on the container)* |  |
| Expiry date |  |  |  |  |
| Dosage and method |  |
| Timing |  |
| Dates to be given (From – To) |  |  |
| Storage arrangements |  |
| Special precautions/other instructions/any side effects that the school needs to know about? |  |
| Procedures to take in an emergency |  |
| **NB: Medicines must be in the original container as dispensed by the pharmacy. Medicines containing ibuprofen cannot be given to any child in school unless prescribed by a doctor.****Contact Details** |
| Name |  |
| Daytime telephone no. |  |
| Relationship to child |  |

**The above information is, to the best of my knowledge, accurate at the time of writing and I give consent for school staff to administer medicine in accordance with the school policy. I understand that I must deliver and collect medicines personally to a member of staff in the school office.**

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