



Parental Agreement for the School to Administer Medication.

The School will not give your child any medicine unless you complete and sign this form.

Personal Details:	
Name of Child	
Date of Birth	
Class	
Medical Condition or Illness	
Medicine:	
Name of Medicine (Medicines must be in the original container)	
Dosage and Method	
Frequency/Time	
Any special instructions, eg given after food	
Expiry Date	
Are there any side effects that the school needs to know about?	
Contact Details:	
Name	
Relationship to Child	
Daytime Telephone Number	

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

Signature:

Date: