



# Parental Agreement for Setting to Administer Medication

Following school policy, staff will not give your child medicine unless you complete and sign this form.

Name of child				
Date of birth			Form	
Medical condition or illness				
Date of Diagnosis				
Dates medication is needed (please amend as appropriate)	Permanent	Temporary		
		from:		to:

## Medicine

Name/type of medicine <i>(as described on the container)</i>			
Expiry date		Keep in fridge?	Y / N
Dosage and method			
Timing			
Precautions/other instructions			
Are there any side effects that we need to know about?			
Able to self-administer?	Yes / No		
Procedure to take in an emergency			

## 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 signing and I give consent to school staff administering medicine within the above dates in accordance with the school policy.

I understand that I must ensure all medicine is in its original container, has been clearly labelled and delivered to the Student Hub. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication.

Signature		Date	
Name			