

Parental agreement for school to administer medicine

The school will not give your child medicine unless you complete and sign this form, and the school has a policy that the staff can administer medicine.

Name of school	Emmanuel Middle School
Name of child	
Date of birth	/ /
Class	
Medical condition or illness	

Medicine (Medicines must be in the original container/packet)

Name/type of medicine <i>(as described on the container)</i>	
Date dispensed (if applicable)	/ /
Expiry date of medicine	/ /
Agreed review date to be initiated by	G Dobson / S Askam
Dosage	
Time when medication to be administered	
Special instructions/precautions	
Are there any side effects that the school needs to know about?	
Self administration	Yes
Procedures to take in an emergency	
Name and phone no. of GP	

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 the school staff administering medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped. I accept that this is a service that the school is not obliged to undertake.

Parent Signature: _____

Print Name: _____ Date: _____

Staff are unable to administer aspirin or medicines containing ibuprofen unless they are prescribed by a doctor. All medicines must be in their original box or container. All prescribed medicines must be provided in the original container as dispensed by a pharmacist and include the instructions for administration.