

Parental Agreement to administer medicine

The staff at Eastfield Primary School will not be able to give your child medicine unless you complete and sign this form. Eastfield has a policy that the staff can administer medicine but only upon the receipt of this document.

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

Special precautions/other instructions

Are there any side effects that school needs to know about

Self-administration –y/n

Procedures to take in an emergency

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact details

Name

Daytime telephone number

Relationship to the child

Address

I understand that I must deliver the medicine personally to the office staff or a member of staff managing the childrens entrance to school at the start of the day

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

Signature: _____ Date: _____