Parental agreement for school to administer medicine

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

Name of School: **St Charles Primary School**

Date: _____

Child's name: _____Class: _____

Name and strength of medicine: _____

Expiry date: _____ How much to give (*i.e. dose to be given*): _____

When to be given: _____

How long should the school administer medicine (*i.e. how many days*): _____

Any other instructions: _____

_____

_____

Number of tablets/quantity to be given to school: _____

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

Daytime phone number of parent or adult contact: _____

Name and phone number of GP: _____

Agreed review date to initiated by (name of staff member): _____

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to 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.

Parent's signature: _____

Print name: _____

Date: _____

If more than one medicine is to be given a separate form should be completed for each one.