



## Parental Agreement for Administering Medication

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

Name of Child: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Year Group: \_\_\_\_\_

Medical diagnosis, condition or illness:

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Name of Medication: \_\_\_\_\_

Dosage and Method: \_\_\_\_\_

Time of day: \_\_\_\_\_

Frequency: \_\_\_\_\_

*PLEASE NOTE: medicines must be in the original containers as dispensed by the pharmacy.*

Special precautions/ other instructions:

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Emergency procedure:

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The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medication 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 it is stopped.

I understand that it is my responsibility to ensure that any medication I provide is not beyond its expiry date and will be renewed as required.

Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_