



## Parent/carer agreement for school staff to administer medicine

The school will not give your child medicine unless you complete and sign this form.

N.B. All medicines MUST be in the original container, clearly labelled with the dosage and the child's full name.

Name of child	
Date of birth	
Class	
Medical condition or illness	
GP/medical practice that prescribed the medication	

### **Medicine**

Name/type of medicine <i>(as described on the container)</i>	
Dosage	
Start administering medicine on (date)	
Stop administering on (date)	
Time at 12:15pm before food	
at 1:30pm after food	
Any special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	

I give consent to school staff to administer medicine in accordance with the school policy. I will inform the school immediately if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s)..... Date.....