

Parental Consent for Schools to Administer Medicine

The School

- will not give your child medicine unless you complete and sign this form.
- has a policy that staff can administer medicine.
- has staff who volunteer to do this.

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

Name of School

Date

Child's Name

Date of birth

Group/Class/Form

Medical condition or illness

Medicine

Generic and brand Name/type of medicine/
Strength (as described on the container).

Date dispensed

Expiry Date

Agreed review date to be initiated by(staff member)

Dosage and method

Timing – when to be given

Special Precautions

Any other instructions

Number of tablets/quantity to be given
to school

Are there any side effects that the school
needs to know about?

Procedures to take in an emergency

I understand that I must deliver the medicine personally to (agreed member of staff)

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.

I accept that this is a service that the School is not obliged to undertake.

I understand that I must notify the School of any changes in writing.

Parent's signature

Print Name

Date
