Appendix E

Parental agreement for school to administer medication

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

Name of child:	
Date of birth:	
Class:	
Medical condition or illness:	

Medicine

Name (as printed on thecontainer):	
Expiry date:	
Dosage and method:	
Timing:	
Special precautions:	
Any side effects that the schoolneeds to know about:	
Procedures to take in anemergency.	
Self-Administered	Yes/No

Contact details

Name:	
Daytime contact number:	
Relationship to child:	

I understand that I must deliver the medicine personally to: _____

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

Name:	Date:
Signature:	