



Parental Agreement for School to Administer Medicine

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

Name of child	
Date of birth	
Class	
Medical condition or illness requiring medication to be given in school	

I understand that I must deliver the medicine personally to a member of the office staff and that all Medicines must be in the original container as dispensed by the pharmacy

Medicine

Name/type of medicine <i>(as described on the container)</i>					
Dosage and method					
Dates medicine to be given	Mon	Tues	Wed	Thurs	Fri
Time medicine to be given					
Special precautions/other instructions					
Are there any side effects that the school needs to know about?					
Procedures to take in an emergency					

