

Parental agreement for school to administer medicine

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

Name of School

Name of Child

Date of Birth

Form

Medical condition/Illness

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.....

Name of medicine (as described on the container)

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.....

Date dispensed

Expiry date

Agreed review date to be initiated by

(member of staff)

Dosage and method

Timing Self-Administration YES/NO

Special Precautions

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.....

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

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.....

Contact Details:

Name:

Relationship to student:

Address:

Daytime Tel No:

I understand that I must deliver the medicine personally to reception at TBGS and 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 and that it is my responsibility to ensure that the medication is in date and if long term medication is required that I replace the item and renew when current medication is expired. I understand that I am responsible for disposal of the medication if the course is not completed.

Signature