

Giffards Primary School

Parental agreement for school to administer medicine

The school will not give your child medicine unless you complete and sign this form. Please note that our staff are under no obligation to administer medication, it is carried out on a voluntary basis, and although we endeavour to remind the child it is the child's responsibility to remember.

Date

Name of child

Date of birth

Class

Medical condition or illness

Medicine

Name/type of medicine
(as described on the container)

Expiry date

Dosage

Timing

Special precautions/other
instructions

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

Self-administration – y/n

Procedures to take in an emergency

NB:If dispensed by a pharmacy please bring in original container at start of administration. All medication MUST be in a measured dose with child's name and class on.

Contact Details

Name

Daytime telephone no.

Relationship to child

Address

I understand that I must deliver the medicine personally to

The main school office

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.

Signature(s) _____

Date _____

Name _____