



Parental request for school to administer medicine

NB: If more than 1 medication is to be administered then a separate form should be used for each one.

Child's name:		DOB:	
Medical condition/illness:		Class:	
Name/type of medicine: <i>(as described on the packaging)</i> NB: Medicines must be in the original container as dispensed by the pharmacy			
Expiry date:			
Dosage and method:			
Times of day medicine is to be administered:			
Date and time the most recent dose given: <i>(Please note: school should not give the first dose of a medicine)</i>			
Special precautions / instructions:			
Are there any side effects that the school needs to know about?			
Procedures to take in an emergency:			
Last date medicine to be taken (if known):			

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 and the prescriber's instructions.

- I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medication is stopped.
- I understand that, where medicine is not self-administered, it will be given by non-medically qualified staff.
- I agree not to hold staff responsible for loss, damage or injury when undertaking agreed administration / supervision of medication unless resulting from their negligence
- I will abide by the school's policy and procedure for the delivery and return of medication
- I will ensure an adequate supply of in-date medication

Name of parent / carer:	
Signature / electronic signature:	
Relationship to child:	
Date:	

