



Appendix 2

Parental agreement for school to administer medicine

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

Name of school	
Name of child	
Date of birth	/ /
Group/class/form	
Medical condition or illness	

Medicine

Name/type of medicine <i>(as described on the container)</i>	
Agreed review date	ANNUAL
Dosage and method	
Timing	
Special precautions	
Are there any side effects that the school/setting needs to know about?	
Self administration	Yes
Procedures to take in an emergency	

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	CLASS TEACHER

I 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.

Date _____

Signature(s) _____