

## **Parental Agreement for School to Administer Medicine**

Name of Child \_\_\_\_\_ Form \_\_\_\_\_

Date of Birth \_\_\_\_\_

Medical condition or Illness \_\_\_\_\_

### **Medicine – (Medicines must be in the original container as dispensed)**

Name of Medicine \_\_\_\_\_  
(as described on the container)

Expiry Date \_\_\_\_\_

Number of tablets/quantity \_\_\_\_\_

Dosage and Method \_\_\_\_\_

When to be given \_\_\_\_\_

Procedures to take in an Emergency \_\_\_\_\_

\_\_\_\_\_

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to Birkdale School staff administering medicine in accordance with school policy. I will inform school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medication is stopped. I will also inform school if there are any changes to our contact details.

Parent Name \_\_\_\_\_

Contact Number \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Staff Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_