Appendix c – Parental Agreement for the School to Administer Medicine

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

Administration of medication form

Date for review to be initiated by:	
Name of child:	
Date of birth:	
Class:	
Medical condition or illness:	

Medicine (For Malvern Trip, non-prescribed medicines may also be included).

Name/type of medicine *(as described on the container):*	
Expiry date:	
Dosage and method:	
Time of day and number of days:	
Special precautions/other instructions:	
Any side effects that the school needs to know about:	
Self-administration – Y/N:	
Procedures to take in an emergency:	

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact details

Name:	
Daytime telephone number:	
Relationship to child:	
Address:	
I understand that I must deliver the medicine personally to:	(Name of staff member)

Non-prescribed medicines may be included above for residential trips. I confirm that my child has taken this medicine before without any problems.

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 _____

Date					
Time Given					
Dose Given					
Name of member of staff					
Staff Initials					

Date					
Time Given					
Dose Given					
Name of member of staff					
Staff Initials					