



Parental Agreement For School/Setting to Administer Medicine

The school/setting will not give your child medicine unless you complete and sign this form and the school or setting has a policy that staff can administer medicine.

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

Child's Name: _____

Class: _____

Medication name: _____

Start Date: _____

End Date: _____

Expiry Date: _____

Dosage: _____

Time to be given (hours): _____

Any other instructions: _____

Amount of medication given to school: _____

Does medication need to be kept in a fridge: YES / NO

Daytime phone number of parent/carer: _____

Name and phone number of GP: _____

The above information is to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting's policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Parent's/Carer's Signature: _____

Print Name: _____

If more than one medicine is to be given a separate form should be completed for each one.