



Parental agreement for school to administer medicine

St Mary's will not give your child medicine unless you complete and sign this form.

Name of child

Date of birth

Class

Medical condition or illness

Medicine

Name/type of medicine
(as described on the container)

Expiry date

Dosage and method

Timing

Special precautions/other instructions

Are there any side effects that the
school/setting 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 no.

Relationship to child

Address

Please tick and sign below:-

- ☐ I will deliver medicine to the school office
- ☐ I will make sure all medicine is in date
- ☐ I will collect all unused or out of date medicine
- ☐ If medicine is held at school I will notify school of any changes

Signature_____

Date_____

