



Parental agreement for school administering medicine

Name	
Date of birth	
Class	
Medical condition/illness	

Medicine

Name of medicine	
Expiry date	
Dosage and method	
Time to be given	
Self-Administration?	
Procedures to take in an emergency?	

N.B: Medicine must be in the original container as dispensed by the pharmacy

Dates to be given

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Contact Details

Name	
Daytime contact number	
Relations to child	

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

Signature..... Date.....