

# Parental Agreement for School to Administer Medicine

<p>The school will not give your child medicine unless you complete and sign this form.  Please note that <b>only medicine prescribed by your GP</b> can be administered or supervised by staff.  Non-prescribed medicine <b>cannot</b> be administered or supervised by staff under any circumstances.</p>	
Name of School:	<b>ARNOLD VIEW PRIMARY SCHOOL</b>
Name of Child:	
Date of Birth:	
Class:	
Medical Condition or Illness:	
<b>Medicine</b>	
Name/type of medicine (as described on the container)	
Date Dispensed from Pharmacy:	
Expiry Date:	
Agreed review date (if applicable):	
Dosage & Method:	
Timing:	
Special Precautions:	
Are there any side effects that the school needs to know about:	
Procedures to take in an emergency:	
<b>Contact Details</b>	
Name:	
Daytime telephone no:	
Relationship to child:	
Address:	
<p>I accept that this is a service that the school is not obliged to undertake.  I understand that I must deliver the medicine personally to the school office.  I understand that I must notify the school of any changes in writing.</p>	
Date:	Signature:

