

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 only medicine prescribed by your GP can be administered or supervised by staff. Non-prescribed medicine cannot be administered or supervised by staff under any circumstances.</p>	
Name of School:	ARNOLD VIEW PRIMARY SCHOOL
Name of Child:	
Date of Birth:	
Class:	
Medical Condition or Illness:	
Medicine	
Name/type of medicine (as described on the container)	
Date Dispensed from Pharmacy:	
Expiry Date:	
Agreed review date (if applicable):	
Dosage & Method:	
Timing: Please note:- The school will administer medicine once a day between 11.30am and 12.00noon	
Special Precautions:	
Are there any side effects that the school needs to know about:	
Procedures to take in an emergency:	
Contact Details	
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:

