



**Parental Agreement for School/Setting to Administer Medicine**

Child's Full Name:		Class:	
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G.P. Name:		G.P. Tel. Number:	
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Medical condition or illness:	
Name of medicine:	
Dosage and method:	
When to be given:	
Any other instructions e.g. special precautions or side effects:	

**Please note:** Medicines must be in the original container as dispensed by the pharmacy with the child's name on it. The school/setting will not give your child medicine unless you complete and sign this form. I understand that I must notify the school/setting of any changes in writing.

Parent/Carer's Name:		
Signature:		Date:
Daytime contact number:		

Administered by staff:

Date	Time	Dose	Comments	Name

