

Dear Parent/Guardian/Carer

If your child is required to take any medication i.e. tablets or bottles of medicine could you, please complete the tear off slip below and give it to your child to bring in with their medicine. This must be in the original container as dispensed by the pharmacy and must be clearly labelled with your child's name. The school will not give your child medicine unless you complete and sign this form.

The school has a policy that staff can administer medicine, however, staff will only administer medication from the second dose onwards. Your child must have taken his/her first dose prior to attending school (in case of reaction to medication).

Yours sincerely

Tom Dower
Principal

Parental Agreement for School to Administer Medication

Students Name: DoB: Form

I enclose the following medication (Name and Strength):

.....

Expiry Date: Dose to be given and when:

Start Date: For how long:

Special Precautions/Side Effects (if any):

Which I require my son/daughter to take for the following condition:

.....

Daytime Contact No. for Parent/Adult Contact:.....

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

Signature: Parent/Guardian Date: