



**College Road  
Primary School**

**Parental agreement for school to administer medicine**

The school will not give your child medicine unless you complete and sign this form, and the school has a policy that the staff can administer medicine.

Date .....  
Name of school .....  
Name of child .....  
Date of birth .....  
Class .....  
Medical condition or illness .....

**Medicine**

Name/type of medicine .....  
Expiry date .....  
Dosage and method .....  
Timing .....  
Number of days for medicine to be administered .....  
Special precautions/other instructions .....  
Side effects .....  
Self-administration – y/n .....  
Procedures to take in an emergency .....

**NB: Medicines must be in the original container as dispensed by the pharmacy**

**Contact Details**

Name .....  
Daytime telephone no. ....  
Relationship to child .....  
Address .....

I understand that I must deliver the medicine personally to  
.....

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 medicine is stopped.

Signature(s) \_\_\_\_\_ Date \_\_\_\_\_