



Parental consent for School Staff to administer medicine

In accordance with the School policy regarding the administering of medicines, the School will not be able to give medicine to your child unless you complete and sign this form.

Date

Child's Name

Name and strength of Medicine.....

Purpose of Medication

Expiry date

Dose to be given

When to be given

Any other
Instructions.....

Number of tablets/ quantity to be given to the school

Note: Medicines must be in their original container as dispensed by the pharmacy.

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.

Parent's signature

Print Name

Daytime phone number of parent/contact

Please Note: All medication will be reviewed after 4 weeks and parent contacted for collection where applicable

Review Date.....