



Parental Agreement for School to Administer Medicine

To enable us to administer medicine to your child, the following criteria must be met:

- 1) You have fully completed this Parental Consent form. A separate form is needed for each medication.
- 2) The medicine is in the original, unaltered dispensed container.
- 3) The medicine is in date and has your child's name on it.

Date: _____

Child's Name: _____

Name & Strength of Medicine: _____

Reason for Medicine: _____

Expiry Date: _____

Dose to be given: _____

Time to be given: _____

Medicine is to be: (please underline)

Stored at school until complete

Returned home each day

Stored at school and used as necessary

Other (please explain on reverse)

Number of tablets/quantity to be given to school: _____

Any other instructions: _____

(please use reverse if needed)

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 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 to be stopped. _____

Parent's signature: _____

Print name: