



Parental agreement for school to administer medicine

St Mary's will not give your child medicine unless you complete and sign this form.

Name of child	
Date of birth	
Class	
Medical condition or illness	

Medicine

Name/type of medicine <i>(as described on the container)</i>	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
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	

Please tick and sign below:-

- I will deliver medicine to the school office
- I will make sure all medicine is in date
- I will collect all unused or out of date medicine
- If medicine is held at school I will notify school of any changes

Signature _____ Date _____

