

APPENDIX 1

Parental agreement for school/setting to administer medicine

The school/setting will not give your child medicine unless you complete and sign this form.

Name of School	Sacred Heart Catholic Primary School
Date	
Child's name	
Date of birth	/ /
Class	
Medical condition or illness	
Name and strength of medicine (as described on the container)	
Expiry date	
How much to give (i.e. dose to be given)	
When to be given	
Any other instructions	
Are there any side effects that school need to be aware about?	

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

I understand I am responsible for delivering and collecting the medicine.

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 in writing if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Daytime phone no. of parent or adult contact.	
Parent's name (print)	
Parent's signature	
Date	
Staff name	
Date	