



Parental Agreement for the School to Administer Medicine

Drake Primary School will not give medicine unless you complete and sign this form.

Drake Primary school

Name of Child: _____

Date of Birth: _____

Class: _____

Medical condition/illness: _____

Medicine

Name/Type/Quantity of Medicine (as described on the container):	
Date dispensed:	
Expiry date:	
Agreed review date to be initiated by:	
Dosage and method:	
Timing:	
Special precautions:	
Are there any side effects that we need to know about/	
Self-Administration?	Yes/No (delete as appropriate)
Procedures to take in an Emergency:	
Drs Name/Surgery:	

I understand that I must deliver the medicine personally to my child's school and accept that this is a service the school is not obliged to undertake.

I understand that I must notify the school of any changes in writing.

Name:	
Daytime telephone number/mobile:	
Relationship to child:	
Address:	
Signature:	