

**Parental agreement for Hunter's Bar Junior school to administer medicine**

<b>Name of school</b>	<b>Hunter's Bar Junior school</b>
<b>Name of child</b>	
<b>Date of Birth</b>	/ /
<b>Class</b>	
<b>Medical condition or illness</b>	

**Medicine**

<b>Name/type of medicine (as described on the container)</b>	
<b>Date dispensed</b>	
<b>Expiry date</b>	
<b>Agreed review date</b>	
<b>Dosage and method</b>	
<b>Timing</b>	
<b>Special precautions</b>	
<b>Are there any side effects that the school need to know about?</b>	
<b>Procedures to take in an emergency</b>	
<b>Name and telephone number of the child's GP</b>	