

Parental Agreement for School to Administer Medicine

Furneux Pelham School will not give your child medicine unless you complete and sign this form.

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

Name of Child: _____

Date of Birth: _____

Class: _____

Medical condition/illness: _____

Medicine

Name/Type of Medicine (as described on the container): _____

Date dispensed: _____

Expiry date: _____

Agreed review date to be initiated by:
Mrs Hagger _____

Dosage and method: _____

Timing: _____

Special Precautions: _____

Are there any side effects that the school needs to know about? _____

Self Administration: Yes/No (delete as appropriate)

Procedures to take in an Emergency: _____

Contact details if different from those already on file

Name: _____

Daytime Telephone No: _____

Relationship to Child: _____

I understand that I must deliver the medicine personally to Mrs Hagger and accept that this is a service that the school is not obliged to undertake.

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

Signed:..... Date:.....

Relationship to Child:.....