



ANDOVERSFORD PRIMARY SCHOOL

Administration of Medicines

Parental agreement to administer medicine					
About the child:					
Name:					
Illness/injury:					
About the medicine:					
Medication:					
Strength:					
Dose:					
Expiry date:					
Storage instructions:					
How/when to administer:					
Date	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; padding: 5px;">From:</td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">To:</td> <td style="padding: 5px;"></td> </tr> </table>	From:		To:	
From:					
To:					
Time (s)					
Any other instructions:	<div style="border-bottom: 1px dotted black; height: 15px;"></div> <div style="border-bottom: 1px dotted black; height: 15px;"></div>				
Parental Permission:					
Parent's Signature:					
Print name:					
Date:					

Please note we are only permitted to administer 'prescribed' medicines that are in the original container (as dispensed by the pharmacy) and have a doctor's label attached. All medicines must be clearly labelled with the child's name.