



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	From:
	To:
Time (s)	
Any other instructions:	
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.