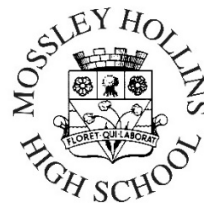


Parental agreement for school to administer medication



The school will not be able to give your child medication unless you complete and sign this form.

Name Of Child	<div style="border: 1px solid black; display: inline-block; padding: 5px;">Form Group : </div>
Date Of Birth	
Medical Conditions/Illness	
Medicine Name / Type of medicine (as described on the container) & Expiry date.	
Number of tablets/quantity given to school.	
Dosage and Method	
Time(s) to Administer	
Are there any side effects that the school needs to be aware about?	
Any other information the school needs to be aware about?	
Medicines will only be accepted in the original container as dispensed by the pharmacy.	
Parent / Guardian Name	
Relationship to the child	
Contact Number	
Home Address	
<i>The above information is to the best of my knowledge accurate at the time of writing and I give my consent to school staff administering medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is a change in dosage or frequency of the medication or if the medication is stopped.</i>	
Signature(s):	
Date:	