



ST. JOHN BOSCO RC PRIMARY SCHOOL

Parental agreement for school/setting to administer medicine

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that staff can administer medicine.

Name of School			
Date			
Child's Name		Class	

Name and Strength of Medicine	
Expiry Date	
Dosage (how much to give)	
When to be given	
Any other instructions	

Number of Tablets/Quantity to be given	
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Note: Medicines must be in the original container as dispensed by the pharmacy.

Daytime Phone Number – Emergency Contact	
Name and Phone Number of GP	

Agreed review date to be initiated by (Name of Member of Staff)	
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The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in an emergency in accordance with the school policy. At all other times I will accept responsibility for self administration of medicine. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Parents Signature	
Print Name	
Date	