

NORTHGATE PRIMARY SCHOOL



Parental agreement for setting to administer medicine-appendix B

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 the staff can administer medicine.

Date for review to be initiated by

Name of school

Name of child

Date of birth

Class

Medical condition or illness

NORTHGATE PRIMARY SCHOOL

Medicine

Name of medicine
(as described on the container)

Expiry date

Dosage

Timing

Special precautions/other instructions

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

Self-administration – **Y/N**

Procedures to take in an emergency

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details

Name

Daytime telephone no.

Relationship to child

Address

I understand that I must deliver the medicine personally to

Mrs Young or the school office

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. 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.

Signature(s) _____

Date _____