

Morgans Primary School

Parental agreement for school to administer medicine

In line with school policy staff are unable to administer medicine to your child unless we have this form completed and signed by a parent/carer.

Please complete in block capitals.

Child's name _____ Class _____

Condition _____

Please
place photo of
child's face
here

Name and strength of medicine _____

Expiry date _____

How much to give (ie dose) _____

When to be given _____

Symptoms _____

Any other instructions _____

**Note: Medicines must be in the original container as dispensed by the pharmacy.
All medicine is kept in locked cabinets in either Queens or Mandeville buildings.**

Daytime phone number of parent or adult contact _____

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 accordance with the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped. I also accept it is my responsibility to make sure all medication is within the use by date.

Parent's signature _____ Print name _____

Date _____