

Parental Agreement to administer medicine

Grace Mary Primary School will not give your child medicine unless you complete and sign this form.

Personal details

Name of school	
Name of child	
Date of birth	
Year Group	
Medical condition / illness	

Medicine (MUST be in the original container as dispensed by the pharmacy)

Name / type of medicine (as per container)	
Expiry date	
Dosage and method	
Timing	
Special precautions / other instructions	
Known side effects	
Can the child self-administer – Yes or No	
Procedures to be taken in an emergency	
Date medicine is to stop	



Contact Details of parent / carer

Name of parent / carer	
Daytime telephone number	
Relationship to child	
Address	

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school administering medicine in accordance with the school policy. I will inform the school, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature _____

Date _____

Date medicine stopped	
Date medication collected by parent	

