

**Parental Agreement for School to Administer Medicine**

**BUTTERWICK**



The school will not give your child medicine unless you complete and sign this form.

Name of child.....

Date of birth..... Class.....

Medical condition or illness.....

**Medicine**

Name of medicine (as described on container).....

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

Date dispensed..... Expiry date.....

Dosage and method.....

When to be given.....

Special precautions.....

Are there any side effects?.....

Self administration **Yes/No**

Procedures to take in an emergency.....

**Contact Details**

Name..... Relationship to child.....

Daytime telephone Numbers.....

I understand that I must deliver the medicine personally to:  
.....(agreed member of staff)

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 instructions above. I will inform the school immediately in writing if there is any change in dosage or frequency or if the medicine is stopped. I accept that this is a service that the school is not obliged to undertake.

Date..... Signature(s).....