



Parental Consent for School to Administer Medicine

The School will not give your child medicine unless you complete and sign this form, the School has a policy that staff can administer medicine, and staff have been trained to do this.

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

Name of School

Date

Childs name

Date of birth

Group/Class/Form

Medical condition or illness

Medicine

Name/type of medicine/strength
 (as described on the container)

Expiry date

Agreed review date to be initiated by
 (name of member of staff) (LONG TERM
 MEDICATION ONLY)

Dosage and method

Timing – when to be given

Special precautions

Any other instructions

Number of tablets/quantity to be given to School/Setting

Are there any side effects that the School/Setting needs to know about?

Self administration

Procedures to take in an emergency

Contact Details – First Contact

Name

Daytime telephone number

Relationship to child

Address

I understand that a responsible adult (parent/carer/transport) must deliver the medicine personally to a member of staff.

Sign:

Contact Details – Second Contact

Name

Daytime telephone number

Relationship to child

Address

I understand that a responsible adult (parent/carer/transport) must deliver the medicine personally to a member of staff.

Sign:

Name and phone number of G.P.

The above information is, to be 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 Bennerley Fields 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 accept that this is a service that the School is not obliged to undertake.

For School Use Only

Checked by	Date	Signature	Print Name

To be reviewed annually or if dose changes (LONG TERM MEDICATION ONLY)