



Somerdale Educate Together Primary School Parent Agreement to Administer Medicine

Parental Agreement

The school will not provide medication for your child unless you complete and sign this form, and a school 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/Illness: _____

Medicine

NB- Medicines must be in the original container prescribed by doctor

Name / Type of Medicine: _____

Expiry Date _____ Dosage : _____

Timing _____ Self- Administration: Yes /No

Procedures to take in an emergency

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Contact Details

Name: _____

Daytime Telephone No: _____

Relationship to the child

Address: _____

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

Signature : _____ Date : _____