Millthorpe School Agreement to Administer Medication

The school will not administer medication to your child until you have completed and returned this agreement and it has been approved by the school

Date for review (max 12 months)	
Name of child	
Date of birth	
Tutor Group	
Medical condition or illness	

Medicine

Name/type of medicine *(as described on the container)*	
Expiry date	
Dosage and method	
Timing	
When is medication to end?	
Special precautions/other instructions	
Are there any side effects that the school needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	

NB: Medicines must be in the original container as dispensed by the pharmacy and handed direct to staff in the School Office.

Contact Details

Name	
Daytime telephone no.	
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 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 no longer required.

Parent/Carer signature:…… **Date:**……

School signature:…… **Date:**……

Position:……