



Benhurst Primary School

ADMINISTERING OF MEDICINES IN SCHOOL

'Only my Best is Good Enough for Me'

PARENTAL AGREEMENT FOR A SCHOOL TO ADMINISTER MEDICINE

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

Name of school/setting

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Date

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Child's name

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Class

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Name of medicine

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Expiry date of medicine

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How much to give
(i.e. dose to be given)

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When to be given
(which medication time slots)

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Form of medication and amount supplied

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Date last dose to be administered

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Note: Medicines in the original container as dispensed by the pharmacy. Medicine must be prescribed by a GP or medical professional.

Daytime phone no. of parent or adult
Contact

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Name and phone no. of GP

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The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Parent's signature _____

Print name _____

Date _____

If more than one medicine is to be given a separate form should be completed for each one.