



REQUEST FOR SCHOOL TO ADMINISTER MEDICINE

The school will not give any child medicine unless a parent of carer has completed and signed this form and the school has agreed to administer the medicine within current policy guidelines. The school will only administer prescribed medicine which has been brought to school in the original pharmacist's container clearly labelled with the dose and possible side effects.

Name of child

Date of birth

Class

Medical condition or illness

Medicine

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

Expiry date

Dosage

Timing

Are there any side effects that the
school/setting needs to know about?

Self-administration – y/n

Contact Details

Name

Daytime telephone no.

Relationship to child

Address

I understand that it is my responsibility to deliver and collect the medicine personally ☐

The above information is, to 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 school/setting policy. I confirm that this medication has been administered to my child in the past without adverse effect. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s)

Date