

Parental Agreement for St Clement's Catholic Primary School to Administer Medicine

Note:

Medicines must be in the original container as dispensed by the pharmacy, with the child's name clearly marked.

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

Name of School: **St Clement's Catholic Primary School**

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|---|--|
| Child's Name | |
| Class | |
| Start date | |
| Finish date | |
| Name of medicine | |
| Expiry date | |
| Reason for medication | |
| Is the child's condition contagious? | |
| Has the child had a reaction to this medicine previously? | |
| How much to give - dose to be given | |
| Time to be given | |
| Storage of medicine | |
| Special instructions | |
| Name and daytime contact number | |

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 stopped.

I acknowledge that I am responsible for ensuring that the medication is replaced, if necessary, before the expiry date.

Parents/Carers Signature Print Name Date.....