



## Parental consent for School Staff to administer medicine

In accordance with the School policy regarding the administering of medicines, the School will not be able to give medicine to your child unless you complete and sign this form.

Date .....

Child's Name .....

Class .....

Name and strength of medicine .....

Expiry date .....

Dose to be given .....

When to be given .....

Has your child had this medication before?.....

Any other instructions/ possible side effects.....

Number of tablets or quantity of medicine to be given to the school

**Note: Medicines must be in their original container as dispensed by the pharmacy.**

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.

Parent's signature .....

Print Name .....

Daytime phone number of parent/contact .....