



Form B: Parental Agreement for School to Administer Medication

- This form is to be completed if your daughter needs to take medication in school.
- The school will not give your child medicine unless you complete and sign this form
- All medication must be clearly labelled with pupil's details and administration instruction i.e. the pharmacy label.

Name:	Class:	Date of birth:
Medical diagnosis/name of condition: [If allergy, please write name of allergen]		
This pupil will need to take this medication: (please circle and complete the appropriate option) Regularly for ___ days Everyday indefinitely As and when required		

Medication	
Name and strength of medication: (as described on the container)	
Expiry date:	Self-administration: <input type="checkbox"/> Yes <input type="checkbox"/> No
Dosage and method:	Timing:
Special precautions/other instructions:	
Are there any other side effects that the school needs to know about?	
Procedures to take in an emergency:	

N.B. Medicines must be in the original container as dispensed by the pharmacy.

Contact Details			
Name:		Relationship to child:	
Tel:	Home:	Mob.;	Work:

The information included in this form is complete and accurate at the time of writing to the best of my knowledge. I understand that I must deliver the medicine personally to the Main Office. I give consent to school staff to administer medicine in accordance with the school policy. 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.

Name:	Signature:	Date:
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For office use only

Quantity of medication received:	
Staff Signature:	Date:
Staff Name:	



Record of administration to an individual child

Date				
Time given				
Dose given				
Staff name				
Staff initials				

Date				
Time given				
Dose given				
Staff name				
Staff initials				

Date				
Time given				
Dose given				
Staff name				
Staff initials				

Date				
Time given				
Dose given				
Staff name				
Staff initials				

Date				
Time given				
Dose given				
Staff name				
Staff initials				