

Parental agreement for Swanbourne school to administer medicine



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|----------------------------------|--|-------|--|
| Child's Name: | | | |
| Date of birth: | | Year: | |
| Medical condition being treated: | | | |

| Medication (must be in the original container as dispensed) | | | |
|--------------------------------------------------------------------------------------------------------------|--------------------------|-----------------|--------|
| Is the medication prescribed? | YES/NO | | |
| If non-prescribed, I can confirm that my child has previously taken this medication without adverse effects? | YES/NO NOT APPLICABLE | | |
| Name of medication: | | | |
| Expiry date: | | Dosage | |
| Dates to be given: | From | | To: |
| Times to be given: | | | |
| Medication last given/applied | | | |
| Does the medication need to be stored in the fridge? | YES/NO | | |
| Is this oral medication? | YES/NO | Self-Administer | YES/NO |
| If not oral, please specify area to be treated: | | | |
| Side effects the school should be aware of: | | | |
| Is the medication to be taken home at the end of the day? | YES/NO | | |
| Is this medication short term? | YES/NO | | |
| If no, date for review: | | | |

| Contact Details in an Emergency | |
|----------------------------------------|--|
| Name: | |
| Contact number: | |
| Relationship to child: | |

Consent

I confirm that the above information is, to the best of my knowledge, accurate at the time of signing and I give my consent to the school staff administering the medication in accordance with the school policy. I will inform the school immediately and in writing if there is any change to any of the above instructions or if the medication is to stop.

| | |
|-----------------------------------------------------------------------------------------------|--|
| I am responsible for collecting and delivering the medication from the school office | |
| My child has the responsibility to deliver and collect the medication from the school office. | |

Signature:

Date:

Name:

Please print