**DOBCROFT INFANT SCHOOL**

**Parental agreement for school to administer medicine**

**The school will not give your child medicine unless you complete and sign this form.**

**Note: Medicines must be in the original container as dispensed by the pharmacy. The medicine will be administered at 11.50am ONLY.**

|  |  |
| --- | --- |
| Name of child |  |
| Date of Birth |  |
| Class |  |
| Medical condition or illness |  |
| **Medicine** |  |
| Name/type of medicine (*as described on the container)* |  |
| Date dispensed if shown |  |
| Expiry date |  |
| How much to give and how |  |
| When to be given |  |
| Any special precautions |  |
| Are there any side effects that the school/setting needs to know about? |  |
| Procedures to take in an emergency |  |
| **Parent/Carer Contact Details** |  |
| Name |  |
| Daytime telephone no |  |
| Relationship to child |  |
| Address |  |

I accept that this is a service that the school is not obliged to undertake.

I understand that I must notify the school of any changes in writing.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If more than one medicine is to be given a separate form should be completed for each one.