



Stubbings Infant School

Form B

Parental Agreement for School to Administer Medicine

Name of child	
Class	
Date of birth	
Medical illness or condition	

Medicine

Name/type of medicine (as described on the container)	
Date dispensed	
Expiry Date	
Agreed review date to be initiated by:	
Dosage and method	
Timing	
Special precautions	
Are there any side effects that the school needs to know about?	
Self-Administration	YES / NO
Procedures to take in an emergency	

Contact Details

Name	
Relationship	
Daytime Number	
Address	
I understand that I must deliver the medicine personally to:	

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

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.

Date:

Parents/Carers Signature:
