**HECKINGTON ST ANDREW’S CE PRIMARY SCHOOL**

**Parental Agreement for School to Administer Medicine**

In accordance with our policy, the school is unable to give your child medicine unless you complete and sign this form. Where more than one medication is to be given, a separate form should be completed for each item. Please ensure medicines are provided in the original packaging showing the prescriber’s details.

Name of child ……………………………………………………………………………………………………………..

Year ……………………………………………………………………………………………………………..

Medical condition or illness …………………………………………………………………………………………………………….

Name and strength of medicine …………………………………………………………………………………………………………….

(as described on the container)

Expiry date of medicine …………………………………………………………………………………………………………….

Commencement date ……………………………………………………………………………………………………………

Dosage and method ……………………………………………………………………………………………………………

Time to be given ……………………………………………………………………………………………………………

Special precautions ……………………………………………………………………………………………………………

Are there any side effects that

school should be aware of? ……………………………………………………………………………………………………………

Self administration? Yes / No (please delete as appropriate)

**Parent/Carer contact details:**

Name ……………………………………………………………………………………………………………

Daytime telephone number ……………………………………………………………………………………………………………

Relationship to child ……………………………………………………………………………………………………………

I understand that the medicine must be delivered safely to the school and collected at the end of the school day by the parent/carer.

The information is, to be best of my knowledge, accurate at the time of writing and I give consent to the school staff administering medicine in accordance with the school’s 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/Carer signature: ………………………………………………………………………………………………………………

Print name: ………………………………………………………………………………………………………………

Date: ………………………………………………………………………………………………………………