



# Parental Agreement for School to Administer Medicine

Staff at Nar Valley Federation Schools will not give your child medicine unless you complete and sign this form.

Child's Name \_\_\_\_\_ Date \_\_\_\_\_

Date of Birth \_\_\_\_\_ School \_\_\_\_\_ Class \_\_\_\_\_

## Medicine

Medical Condition/Illness \_\_\_\_\_

Name of Medicine/Type \_\_\_\_\_

Expiry Date \_\_\_\_\_

Dosage and Method \_\_\_\_\_

When to be given \_\_\_\_\_

Any other instructions /  
Special precautions \_\_\_\_\_  
\_\_\_\_\_

Are there any side effects which we need to know about? \_\_\_\_\_  
\_\_\_\_\_

Procedures to take in an emergency \_\_\_\_\_

Self Administration Yes / No (Delete as appropriate)

***Note: Medicines must be in original container as dispensed by the pharmacy.***

## Contact Details

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Contact tel nos \_\_\_\_\_

Name and phone no. of GP \_\_\_\_\_

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 Nar Valley Federation 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's signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

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