



Parental Agreement for School to Administer Medicine

The school will not give your child medicine unless you complete and sign this form and the school has a policy that the staff can administer medicine.

Name of School	The John Wesley CEM Primary School
Name of Child	
Date of Birth	/ /
Class	
Medical Condition or illness	

Medicine

Name/type and strength of Medicine (as described on the container)	
Date dispensed	/ /
Date medicine provided by parent	/ /
Expiry Date	/ /
Dosage, frequency of medicine and method	
Times to be given	
Special Precautions	
Are there any side effects that the school needs to know about?	
Procedures to take in an emergency	

Contact details

Name	Name
Daytime telephone number	Daytime telephone number
Relationship to the child	Relationship to the child
Address	Address

- I understand that I must deliver the medicine personally to the School Office
- 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 _____

PTO for Record for Medicine Administration

Record for Medicine Administration

Child’s Name: _____ Class: _____

Date	Time	Dose Given	Any reactions	Staff Signature	Staff Signature