

**Parental Agreement for Garswood Primary School
to Administer Medicine**

The school will be unable to give your child medicine unless you complete and sign this form. Please complete all the required information. Thank you.

Please note, school staff are only able to administer medicines prescribed by a Doctor.

Name of School	
Date	
Child's Name	
Class	
Name and strength of Medicine	
Expiry Date	
How much to give (ie dose to be given)	
When to be given	
Any other instructions	
Number of tablets/quantity to be given to school	
Note: Medicines must be in the original container as dispensed by the pharmacy.	
Daytime telephone number of parent/adult contact	
Name and telephone number of GP	
Agreed review date to be initiated by	

The above information is to the best of my knowledge accurate at the time of writing and I give consent to the school staff administering the 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 medicine or if the medicine is stopped. I understand that school staff will administer the medicine in accordance to my instructions shown above, and understand that the school cannot be responsible for any adverse reaction.

Disclaimer: The school will make every effort to ensure the medication is administered in accordance with the instruction detailed above. However, the school cannot accept responsibility if these instructions are not followed nor if the child does not receive the medication. However the school will inform you if this is the case. When signing below you accept this disclaimer whilst also giving permission for the medicine to be administered. As an alternative parents are able to attend school in person at the allotted time to administer prescription medication to the child if preferred.

Parent's Signature:..... Date:.....

Print Name:..... Relationship to child.....

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