Appendix A: Permission Form

Parental agreement for administration of prescribed and non-prescribed medicine

The school will not give your child medicine unless you complete and sign this form.

Name of child				
Class				
Medical condition or illness				
Contact Details				
Name				
Daytime telephone number				
Relationship to child				
Medicine				
Name/type of medicine *(as described on the container)*				
Expiry date				
Short term medication with effect from	Date:			To:
Dosage and method				
Timing				
Special precautions/other instructions				
Are there any side effects that the school needs to know about?				
Self-administration – yes/no				
Procedures to take in an emergency				

NB: Medicines must be in the original container as dispensed by the pharmacy

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 this 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.

Signature_____Date_____

School use only: