



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

Name of child	
Date of birth	
Class	
Medical condition or illness	

Name/type of medicine, strength e.g. mg/tablets (as described on the container)	
Expiry date	
Dosage and method	
Timing and frequency of medicine	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know	
Self-administration yes/no	
Procedures to take in an emergency	
Date medicine provided by parent	
Quantity received	
Quantity returned	

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to the school/setting staff administering medicine in accordance with the school/setting policy.

I will inform the school/setting immediately, in writing, if there is a change in dosage or frequency of the medicine or if the medicine is stopped.

Signature(s): _____

Date: _____

