



BYERLEY PARK PRIMARY SCHOOL

PARENTAL AGREEMENT FOR SCHOOL TO ADMINISTER MEDICINE

The school will not give your child medicine unless you complete and sign this form. I understand that this is a service which is subject to agreement with the school.

Name of child	
Date of birth	
Address	
Class	
Medical condition/illness	

Medicine – please note medicine will only be administered if prescribed as four times a day.

Name/type of medicine (as described on the container)	
Date dispensed by pharmacist	
Expiry Date	
Dosage and Method	
Time of day required	
Are there any side effects that the school needs to know about?	

Signed(Parent/Guardian)

Date

**Please turn over – for completion by staff
SCHOOL USE ONLY**

