

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.

Na	ame of child					
Da	ate of birth					
Ad	ldress					
Cla	ass					
Me	edical condition/illness					
Medicine –	please note medicine	will only be ac	lministered	if prescrib	ed as fou	ır times a day.
	Name/type of medicine (as described on the container)					
Da	Date dispensed by pharmacist					
Ex	piry Date					
Do	Dosage and Method					
Tir	Time of day required					-
	Are there any side effects that the school needs to know about?					
Signed				(Parent/G	Suardian)	
Date						

Register of medication administered

Pupil Na	me	Date of Birth
Class		
	Name of medication	
	Date received	
	Name of person who brought medicine into school	
	Amount supplied	
	Dosage regime	

Date	Amount Given	Time	Administered by (please print clearly)	Staff signature