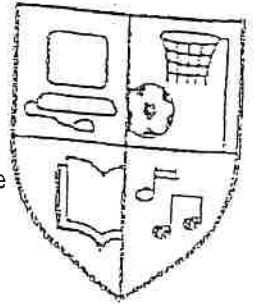


MANLAND PRIMARY SCHOOL



Parental/Carer agreement for school to administer medicine

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

Date

Child's name

Class

Name of medicine

How much to give (i.e. dose to be given)

When to be given

Monday	Tuesday	Wednesday	Thursday	Friday

Any other instructions

Note: 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 the school 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.

I CONFIRM MY CHILD HAS HAD THIS MEDICATION BEFORE WITHOUT ANY ILL EFFECTS.

Parent/Carer's signature

Print name

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

IF YOUR CHILD ATTENDS TIMEOUT PLEASE LEAVE A LETTER IN TIMEOUT POST BOX INFORMING TIMEOUT STAFF MEDICINE IS IN

FORM 5 (Continued)

Date	/ /	/ /	/ /
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date	/ /	/ /	/ /
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date	/ /	/ /	/ /
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date	/ /	/ /	/ /
Time given			
Dose given			
Name of member of staff			
Staff initials			