

CHRISTCHURCH INFANT SCHOOL

Parental agreement for school to administer medicine

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

Please note: Guidelines from the school doctor state that "3 times a day" antibiotics should be administered at home.

NB Any medication to be kept in school must be clearly labelled with child's name and must be in the original container as dispensed by the pharmacy.

Child

Name of child _____ Date of Birth _____ Class _____

Medical condition or illness _____

Medicine

Name / Type of medicine
(as described on container) _____

Expiry date _____

Dosage and method _____

Timing _____

Special precautions
/ other instructions _____

Are there any side effects that the
school needs to know about? _____

Self-administration ? yes / no (please circle)

Procedures to take in an emergency _____

Agreement

I appreciate that the medication will be administered by a member of the teaching or non-teaching staff at school, who may not have any first aid or medical training.

The above information is, to the best of my knowledge, accurate at the time of writing and 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 _____ PRINT NAME _____

Relationship to child _____ Date _____

Contact Details Daytime Tel. No. _____

Address _____
