

Template C: parental agreement for setting to administer non prescription medicine

Shottery Primary will not give your child medicine unless you complete and sign this form.

Date for review to be initiated by

Name of school/setting

Name of child

Date of birth

Group/class/form

Medical condition or illness

Medicine

Name/type of medicine
(must be supplied in a measured dose)

Expiry date

Dosage and method

Timing

Special precautions/other instructions

Self-administration – y/n

1:00pm only
Pupil is required to self administer

NB: Medicines must be supplied in pre packaged sachet or tablet melt in original packaging.

Contact Details

Name

Daytime telephone no.

Relationship to child

Signature(s) _____

Date _____