

Sutton Grammar School



Parental Agreement for School to Administer Medicine

Sutton Grammar School staff will not give nor store your child's medicine unless you return this form completed and signed.

Name of child

Date of birth

Form

Medical condition or illness

Medicine

Name/type of medicine
(as described on the container)

Expiry date

Dosage and method

Timing

Special precautions/other
instructions

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

Self-administration – y/n

Procedures to take in an emergency

NB: Medicines must be in the original container as dispensed by the pharmacy, in-date, labelled with your child's name and including instructions for administration, dosage and storage.

Contact Details

Name

Daytime telephone no.

Relationship to child

Address

I understand that I must deliver the medicine personally to the School Office Manager. 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 will collect the medicine when it is no longer required or expired for safe disposal.

Signature(s) _____

Date _____