

TATWORTH PRIMARY SCHOOL

Parental agreement for school to administer medicine

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

Name of Child:
Class:
Medical condition/illness:

Medicine

Name/Type of Medicine (as described on the container):
Dosage and method:
Timing:
Dates to administer from & to: From *To*
Are there any side effects that the school needs to know about?
.....

I understand that I must deliver the medicine personally to the classroom and I understand that I must notify the school/setting of any changes in writing.

Date:
Name:
Signature:
Relationship to child:

PLEASE NOTE: The school will endeavour to administer medicine at a specific time, but does not guarantee to be able to do this, if the timing of medicine is critical, then parents/guardians must come to school and administer medicine themselves.