

# FORM A

## Parental agreement for school/setting to administer medicine

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

Name of school/setting

Child's Name

Group/class/form

Name and strength of medicine

Expiry Date

How much to give (*dosage*)

When to be given

Any other instructions

Number of tablets/quantity given to school/setting

***Note: Medicines must be in the original container as dispensed by the pharmacy***

Daytime phone number of parent or adult contact

Name and phone no of GP

Agreed review date to be initiated by Mrs K Hutchison

The above information is to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medication is stopped.

Parent's signature:

\_\_\_\_\_

Print Name:

\_\_\_\_\_

Date:

\_\_\_\_\_

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

**FORM B**

**HEALTH CARE PLAN**

Name of school/setting

Child's Name

Group/Class/Form

Date of Birth

Child's Address

Medical diagnosis  
or condition

Review Date

**FAMILY CONTACT INFORMATION**

Name

Home & Work Numbers

Mobile Number

Name

Home & Work Numbers

Mobile Number

**DOCTORS/HOSPITAL CONTACT**

Name of Surgery

Phone Number

Doctors Name

# FORM C

## Parental agreement for school/setting to administer medicine

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

Name of school/setting

Name of Child

Date of Birth

Group/Class/Form

### MEDICINE

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

Date Dispensed

Expiry Date

Agreed review date to be initiated by Mrs K. Hutchinson

Dosage and Method

Timing

Special Precautions

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

Self administration **YES/NO** (please delete as appropriate)

### CONTACT DETAILS

Name

Daytime Telephone No

Relationship to Child

I understand that I must deliver the medicine personally to Mrs K. Hutchinson  
I accept that this is a service that the school/setting is not obliged to undertake. I  
understand that I must notify the school/setting of any changes in writing

Date \_\_\_\_\_

Signature \_\_\_\_\_