

Holy Spirit Catholic Primary School



Parental Agreement for Setting to Administer Prescribed Medication

We will not be able to give your child medication unless you complete and sign this form. Please note that only prescribed medication in the original container can be administered by school staff.

Name of Child
Date of birth
Class
Medical condition or illness

Medication

Name/type of medicine (as prescribed on the container)
Expiry Date
Dosage and method
Timing
Special precautions/other instructions
Are there any side effects that we need to know about?
Self-administration – Y/N
Procedures to be taken in an emergency

Contact Details

Name
Daytime telephone number
Relationship to child
Address
I understand that I must deliver the medication personally to

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medication 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.

Signature
Print
Date

Holy Spirit Catholic Primary School

