



Parental Consent Form for St Peter's School to Administer Medication
Medicines must be in the original container as dispensed by the pharmacy

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

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|--|------------------|--------------------------------------|--|
| CHILD'S NAME: | | Date of birth: | |
| | | Class/Registration Group: | |
| Address: | | | |
| Medical condition or illness: | | | |
| How long will your child need to take this medication? | | | |
| Date dispensed: | | | |
| NAME OF MEDICINE (as described on container) | WHEN TO BE GIVEN | DOSAGE AND METHOD (How much to give) | |
| | | | |
| Medicine Expiry Date: | | Possible Side Effects: | |
| | | | |
| Special precautions/ Any other instructions: | | | |
| | | | |
| PROCEDURES TO TAKE IN AN EMERGENCY: | | | |
| | | | |
| Emergency Telephone Numbers: | | | |
| Name & Relationship to child | | Tel Number | |
| | | | |
| | | | |

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 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.

Parent's signature:

Print Name:

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

| | |
|---------------------------|--------------------------------|
| For Office use: | |
| Medication Received Date: | Request checked & Agreed date: |
| Expiry Date of agreement: | Remaining medicine returned: |