

Regular/Long term Parental Agreement to Administer Medicine

This agreement MUST be updated Annually, or when there is a change to
ANY aspect of the medication to be administered

The Academy will not give your child medicine unless you complete and sign this form, the Academy has a policy that the staff can administer medicine.

Date for review to be initiated by

Name of academy

Name of child

Date of birth

Class

Medical condition or illness

Meridian

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
Academy needs to know about?

Self-administration – y/n

Yes / No (delete as appropriate)

If Yes does the school agree that the child
is competent to self-administer

Yes / No (delete as appropriate)

Procedures to take in an emergency

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

Contact Details

Name

Daytime telephone no.

Relationship to child

Address

I understand that I must deliver the
medicine personally to the office

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

Parent/Carer Signature(s)

Date

Paper Record of Medicine Administered to an Individual Child

Name: _____ **Date of Birth:** _____

Register of Medication Administered

[illegible]