

ST MICHAEL'S RC PRIMARY SCHOOL

ADMINISTRATION OF MEDICINE

PARENTAL AGREEMENT FORM

Please note that the school is not able to administer any medicine

unless this form is completed and signed.

I request that the following medicine be administered as detailed below:

Child's details

Name of Child	
Date of Birth	
Class	
Medical condition or illness	

Details of medication

Name of medicine (as on container)	
Dosage	
Time(s) required	
Are there any special precautions?	
Are there any side effects that the school need to know about?	
Is the child able to self administer?	

Contact Details

Name	
Relationship to Child	
Contact telephone number:	

I understand that I must deliver the above named medicine personally to
and that this is a service which is subject to agreement with the school.

Signature

Date