



# Parental Agreement to Administer Medication

Eureka Primary School will not give your child medicine unless you complete and sign this form, and the school has a policy that the staff can administer medicine.

Date for review to be initiated by	Parents / Carers
Name of school	Eureka Primary School
Name of child	
Date of birth	
Year Group & Class	
Medical condition or illness	

### Medicine

Name / type of medicine <i>(as described on the container)</i>	
Expiry date	
Dosage and method	
Timing	
Special precautions / other instructions	
Are there any side effects that the school needs to know about?	
Self-administration – Y / N	
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	School Office

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

Signature(s): \_\_\_\_\_

Date: \_\_\_\_\_