

**SANDWICH JUNIOR SCHOOL**

Appendix 1

**PARENTAL AGREEMENT FOR SCHOOL/SETTING**  
**TO ADMINISTER MEDICINE**

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

DATE \_\_\_\_\_

CHILD'S NAME \_\_\_\_\_

GROUP/CLASS \_\_\_\_\_

CONDITION OF ILLNESS \_\_\_\_\_

NAME AND STRENGTH  
OF MEDICINE \_\_\_\_\_

HOW MANY DAYS? \_\_\_\_\_

HOW MUCH TO GIVE  
(i.e. Dosage) \_\_\_\_\_

WHEN TO BE GIVEN \_\_\_\_\_

ANY OTHER INSTRUCTIONS \_\_\_\_\_

NUMBER OF TABLETS  
TO BE GIVEN \_\_\_\_\_

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/setting policy. I am responsible for the expiry date of all medication held by the school and will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped before the required date.

PARENT SIGNATURE \_\_\_\_\_

PRINT NAME \_\_\_\_\_

DATE \_\_\_\_\_