

COALWAY COMMUNITY INFANT SCHOOL

Parental agreement for school to administer medicine

Coalway Community Infant School will not give your child medicine unless you complete and sign this form. The school has a policy that the staff can administer medicine.

Name of school

COALWAY COMMUNITY INFANT SCHOOL

Name of child

Date of birth

Class

Medical condition or illness

Medicine

Name/type of medicine
(as described on the container)

Date dispensed

Expiry date

Agreed review date to be initiated by

Dosage and method

Timing

Special precautions

Are there any side effects that the school needs to know about?

Self-administration

Procedures to take in an emergency

Contact details

Name

Daytime telephone number

Relationship to child

Address

I understand that I must deliver the medicine personally to

Mrs Cornes / Mrs Edwards / Mrs Alliston

I accept that this is a service that the school is not obliged to undertake.
I understand that I must notify the school of any changes in writing.

Signature: _____ Date: _____

Date	Administered by

