

# Appendix A



## Parental agreement for the administration of medication



Child's Name:	[1]	Medication:	
To be administered: (Delete as necessary)	When needed   As prescribed As directed on medication [2]	Dosage:	
		Arrangement until: (Delete as necessary)	End of medication   Course   Other: <u>Enter Specific Date</u>
Parent/ Carer Name:		Contact Number:	
Address:		Signature:	[3]
		Date:	
School Authorisation:	(Head/Admin/Senior teacher) [4]	Date:	

### Notes for parents /carers

[1] Please ensure that the medication is clearly labeled with the child's name

[2] Please ensure that if the child has received a dose of medication prior to arrival at school a record of the administration time is completed.

[3] By signing, you are acknowledging your responsibility to provide correct, in date medication, necessary doctor/medical records and consenting to the disposal of any expired or left over medication.

[4] School authorisation MUST be obtained PRIOR to medication being administered. The signatory is responsible for ensuring there is adequate training in place.

### Record of medication administered to the above child

Date:	
Time:	
Dosage:	
Given By:	
Witness:	

Date:	
Time:	
Dosage:	
Given By:	
Witness:	

Date:	
Time:	
Dosage:	
Given By:	
Witness:	

Date:	
Time:	
Dosage:	
Given By:	
Witness:	

Date:	
Time:	
Dosage:	
Given By:	
Witness:	

Date:	
Time:	
Dosage:	
Given By:	
Witness:	