F٥	r	ท	3
	Г	H N	(J)

Original / amended	
Valid from:	

Parent/carer agreement for scho	ol/setting to administer medicine
The school/setting will not give your characters, and the school or setting has medicine.	illy wellclue filliess for combiere and sign
Name of school/setting	
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	
Name/type of medicine (as described on the container)	
Quantity received (eg half bottle)	**
Dosage and method:	
e de la companya de	1.73
Timing:	
Special precautions	
Date dispensed:	Expiry date:
Are there any side effects that the school	ol/setting needs to know about?
Procedures to take in an emergency:	
Self administration:	

Person to initiate review:				
n de la companya de La companya de la co	e grand Magnetic		y Arres	
Contact Details:	est in a rest go		2 2 2	<u></u>
Name:	* : · · · · · · · · · · · · · · · · · ·		Establish Section (1997)	<u> </u>
Daytime telephone no.			1,	*5
Relationship to child:	** -		p desa	
Address:		1-641	1 (2)	
	:			
•				- 5. - 4 3.
I will deliver the medicines personally to: OR :	and the second of the second o			
have school permission for my son/daughter		12.4.	<u> </u>	
ive consent to school/setting staff admin	owledge, accurate a	at the time o	of writing a	nd I
give consent to school/setting staff admin school/setting policy	owledge, accurate a Istering medicine	at the time o	of writing a	nd I
The above information is, to the best of my knowing consent to school/setting staff admin school/setting policy Parent/carer's signature	owledge, accurate a Istering medicine	at the time o	of writing a	nd I
give consent to school/setting staff admin school/setting policy	owledge, accurate a Istering medicine	at the time o	of writing a	nd I
give consent to school/setting staff admin school/setting policy Parent/carer's signature	owledge, accurate a Istering medicine	at the time o	of writing a	nd I
give consent to school/setting staff admin school/setting policy Parent/carer's signature Print name urplus/unused medicines:	owledge, accurate a listering medicine	at the time of in accorda	of writing an	nd I
give consent to school/setting staff admin school/setting policy Parent/carer's signature Print name	owledge, accurate a listering medicine Dat	at the time of in accordance	of writing and note with	nd I
give consent to school/setting staff admin school/setting policy Parent/carer's signature Print name Surplus/unused medicines: the following quantityof the allowing accounts to the allowing accounts to the set of the se	owledge, accurate a Istering medicine Dat	at the time of in accordance	of writing an	nd I the
give consent to school/setting staff admin school/setting policy Parent/carer's signature Print name surplus/unused medicines: he following quantityof the all ame:	owledge, accurate a listering medicine Dat	at the time of in accordance	of writing an	nd I the
give consent to school/setting staff admin school/setting policy Parent/carer's signature Print name surplus/unused medicines: the following quantity of the all ame: igned: ate:	owledge, accurate a listering medicine Dat	at the time of in accordance	of writing an	nd I the
give consent to school/setting staff admin school/setting policy Parent/carer's signature Print name surplus/unused medicines: the following quantity of the all ame: gipned:	owledge, accurate a listering medicine Date bove medicine was taken to	at the time of in accordance	of writing an	nd I the