



# GLEBE HOUSE SCHOOL

## Parental agreement for school to administer medicine

The school 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. For long term administration of medicines a new form must be completed at the start of each school year, and whenever there is a change to the medicine or dose.

Name of child

Date of birth

Division

Medical condition or illness

Name of medicine (as described on the label)

Dose

Time/s to be given

Further instructions for administration and storage (e.g. store in the fridge/take after food etc)

I understand that I must deliver the medicine personally to School Administrator

Parent/legal guardian name .....Signature .....

Contact Number ..... Date .....

The above information is accurate to the best of my knowledge at the time of writing and I give consent to the school to administer the medication in accordance with the school Policy. I will inform the school in writing of any changes to the above information.