Parental Agreement for St George's Junior School to Administer Medicine

St George's Junior School will not give your child medicine unless you complete and sign this form

Name of child	
Date of birth	
Class	
Medical condition or illness	
Name and phone no. of GP	

Name/type of medicine (as described on the container)	
Dosage, method and number of days it is to be administered	
Times to be administered in school	
Are there any side effects that the school needs to know about?	
Procedures to take in an emergency	

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	

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 to my child's medication in writing.

Date _____ Signature(s) _____

Please note: It is your responsibility to ensure that the school is kept informed about changes to your child's medicines, including how much they take and when. It is also your responsibility to provide the school with medication that is clearly labelled and in date and to collect the medication at the end of the school day.