



## Administration of Medication In School – Parental Agreement

The Glebe Primary School Staff will not be able to give your child medicine unless you complete and sign this form, the school has a policy that the staff can administer medicine prescribed by a Doctor. **NB: Medicines must be in the original container as dispensed by the pharmacy.**

Name of school:

The Glebe Primary School

Name of child

Date of birth

Class

Medical condition or illness

### Medicine

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

Expiry date

Dosage and method

Timing

Special precautions/other instructions

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

Self-administration – y/n

Procedures to take in an emergency

### Contact Details

Name

Daytime telephone no.

Relationship to child

Address

I understand that I must deliver the  
medicine personally to:

Main Reception

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) .....

Date.....