

Dunmore Primary School



Agreement for school to administer Prescribed/Non-prescribed medication

Child's name

Date of Birth

Medical condition or illness

Name & type of medicine

Expiry date

How much to give (i.e. the dose) and how

When to be given

*How long is the course of medicine (date final
dose to be given)*

*Quantity of medicine given to school
(e.g. 125 ml bottle, 12 tablets)*

*Are there any known side effects for the
named child?*

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

I will advise the school in writing of the dose given and time if medication has been administered before school.

Signature of authorising adult

Print name

Authorising adult email address

Date