

Parental Agreement Form

Callands Community Primary School Medication Administration Form

The school will not give your child medicine unless you complete and sign this form.

Name of child:	
Date of birth:	
Group/class/form:	
Medical condition/illness:	
Medicine/s:	
Name/type of medication as described on the container:	
Date dispensed:	Expiry date:
Agreed review date:	
Review to be initiated by:	
Dosage, method and timing:	
Special precautions:	
Are there any side effects that the school needs to know about?	
Self-administration: Yes/No (delete as appropriate)	