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**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 has a policy that staff can administer medicine.

Date: .....

Child's Name: .....

Class: .....

Name of medicine: .....

Expiry date: .....

How much to give ( i.e. dose to be given).....

When to be given.....

Any other instructions.....

**Note: Medicines must be in the original container**

Daytime phone contact number of parent or adult

Contact.....

Name and phone no. of GP.....

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering 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 the medication or if the medicine is no longer required.

Parent's signature: ..... Print Name:.....

promoting the welfare of children  
and young people and expects all staff and volunteers to share this commitment.

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