



## Parental Agreement for Crazies Hill Primary School to Administer Medicine

If your child has medication in the school for any reason or has a condition not reported, please update their medical record form. If you are reporting a new condition, please fill in this form.

Form to be returned to the school office

* Must be filled in	* (full name of child)	Date	Class
* I request that (child's name)	*		
Be given the following medication:	* Expiry Date:		
* Reason for medication AND ANY INSTRUCTIONS	*		
* Dosage	*		
* At the following times	*		

The above medications have been prescribed by the family doctor/consultant. They are clearly labelled, in the original container indicating contents, dosage and the child's name.

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to Crazies Hill Primary staff administering medicine in accordance with the Crazies Hill school policy.

I understand that the medicine must be delivered personally to the school office or the First Aider and accept that this is a service which the school is not obliged to undertake.

NOTE: Medication will not be accepted in the school unless this letter is completed and signed by the parent or legal guardian of the child and the administration of the medicines agreed by the Head Teacher. Medications must be re-newed when required as the school cannot administer out-of-date medications. The Head Teacher reserves the right to withdraw this service.

\*Name: .....

\*Tel: Home .....

(Parent/Guardian) PLEASE PRINT

\*Mobile: .....

\*Address: .....

\*Email: .....@.....

PLEASE PRINT

\*Signature: ..... Date: .....


