



**PARENTAL AGREEMENT FOR SCHOOL TO ADMINISTER
NON-PRESCRIPTION MEDICINE**

The school will not give your child medicine unless you complete and sign this form. The school reserves the right to refuse to give non-prescribed medication if there is no apparent medical need. The school will not give non-prescribed medicine on a long-term basis; requests will be reviewed weekly.

Date form filled in:			
Name of School:	Raglan Primary School & Nursery	Class:	
Name of Child:			
Medical condition or illness:			
Name and strength of medicine (Medicines must be in their original container):			
Expiry Date:			
When was last dose given at home?			
Dosage and method to be given:	Long term medicine Y/N?		
When to be given:			
Duration:			
Are there any side effects or instructions that the school need to know about?			
Number of tablets/quantity given to school:			
Self administration?	Yes/no (delete as appropriate).		
Procedures to take in an emergency:			
Parent's telephone no:			
Name and phone no. of GP:			
Agreed review date:			

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 or if the medication is stopped.

Name: Signature:

Relationship to the child Date:

If more than one medicine is to be given a separate form should be completed for each one.