



LORENDEN

Parental agreement to administer medicine

The school will not give your child medicine unless you complete and sign this form. Any medicine will be administered in accordance with the school's Administration of Medicine Policy.

Name of child:DOB:

Medical condition/illness.....

Medicine

Name of Medicine
(as described on the container)

Date dispensed Expiry date:

Time & Dosage required

Special precautions

Are there any side effects
that the school needs to
know about?

Procedures to take in an Emergency:

Parent name: Signature:.....

<i>Office Use Only</i>		
Time & Dosage given:	Staff Signature:	Date:
Time & Dosage given:	Staff Signature:	Date:
Time & Dosage given:	Staff Signature:	Date:
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Time & Dosage given:	Staff Signature:	Date: