HILLTOP INFANT SCHOOL

Parental/Carer agreement for school to administer medication to pupil

The school will not give the child medicine unless you complete and sign this form, and the school agrees that staff can administer the medicine.

Medicine will be given at 12.00 p.m. Medicines must be in the original container as dispensed by the pharmacy.

Name of School **HILLTOP INFANT SCHOOL**

Date ……..

Child's name ……..

Child's class number ……

Name and strength of medicine ……..

Amount to be given (please provide medicine spoon) ……

Expiry date ……

Condition or illness ……..

Any other instructions ……

……

Daytime phone number of parent or adult contact ……..

……

I understand that I must deliver and collect the medicine personally to and from the office and accept that this is a service which the school is not obliged to undertake.

Date……..

Signature …… Print Name ……

Relationship to pupil ……

FOR SCHOOL USE - to be completed when medicine given

Time & initials	Time & initials	Time & initials	Time & initials	Time & initials	Time & initials	Time & initials	Time & initials	Time & initials	Time & initials