



St Alban's Catholic Primary School

Administration of Medicines Consent Form

The school will only administer pharmacy labelled prescription medicine in its original container. No medicine will be administered without this consent form. Please note also that the school administers medicine on purely voluntary basis.

<i>Child's Name</i>	
<i>Class</i>	
<i>Medical condition</i>	
<i>Medication</i>	
<i>Expiry date of medicine</i>	
<i>Does the medicine need to be refrigerated?</i>	
<i>Dosage and method</i>	
<i>Start date</i>	
<i>When to be given (in the school day)</i>	
<i>Course finish date</i>	
<i>Any special precautions or possible side effects</i>	
<i>Emergency contact name and number</i>	

The information provided above is accurate to the best of my knowledge and I agree with members of staff administering medicine to my child in accordance with the school's policy. I recognise that the school staff are not medically trained.

Parent's Signature _____ *Print Name* _____

Date _____