



Parental agreement for school to administer prescribed medication

(long-term e.g. asthma inhalers, epipens)

Name of Child:		Class:					
Medical condition medicine has been prescribed for:		Date medicine prescribed:					
Name and strength of medication:	Medicine expiry date:						
Does the medication need to be administered regularly? <i>(if yes, please complete section a below)</i>			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Y</td> <td style="width: 50%; text-align: center;">N</td> </tr> <tr> <td style="height: 20px;"></td> <td style="height: 20px;"></td> </tr> </table>	Y	N		
Y	N						
a							
Dosage to be administered:		Time of day medicine to be administered:					
<i>For school use only: IHP required Y/N</i>							
Is the medication only for use when symptoms require it? <i>(if yes, please complete section b below)</i>			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Y</td> <td style="width: 50%; text-align: center;">N</td> </tr> <tr> <td style="height: 20px;"></td> <td style="height: 20px;"></td> </tr> </table>	Y	N		
Y	N						
b							
Dosage to be administered:		How often can medication be administered:					
Name and contact details of prescribing Doctor	Name: Address: Phone Number:						

Has a personal health care plan been created with the school nursing team: Yes No

Is specialist training required to administer medication: Yes No

Staff members trained and date of training:

The above information is, to the best of my knowledge, accurate at the time of writing and I give my consent to school staff administering medicine, in accordance with the school policy. I will also inform the school immediately, in writing, if there is any change in dosage or frequency of medication or if the medication is stopped.

Parent Signature	
Print Name	
Date	

Record of Administration for long term medication:

Name of child:

Name of medication:

Expiry date:

[illegible]