



Parental agreement for Brookside to administer medicine

Brookside will not give your child medicine unless you complete and sign this form and hand in to the school office.

Date _____

Child's Name _____

Class _____

Name and strength of medicine _____

Expiry date _____

How much to give (i.e. dose to be given) _____

When to be given _____

Any other instructions _____

Number of tablets/quantity to be given to school/setting _____

Note: Medicines must be the original container as dispensed by the pharmacy. School is unable to administer any form of Ibuprofen unless prescribed a Doctor, Nurse Practitioner or Hospital.

Daytime phone no. of parent or adult contact _____

Name and phone no. of GP _____

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 - to view our school policy regarding medicine please visit the school website (a-z section: school policies) or ask at the school office. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Parent's signature: _____ Print Name: _____

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