

BURLISH PARK PRIMARY SCHOOL
Parental agreement for school to administer medicine

Name of Child	
Date of Birth	
Class	
Medical condition or illness	
MEDICINE	
Name/Type of medicine	
Date dispensed	
Expiry Date	
Agreed review date	
Dosage and method	
Timing	
Special precautions	
Are there any side effects the school should know about	
Self administration	
Procedures to take in case of emergency	
Contact Name	
Telephone number	
Relationship to child	

I understand that I must deliver the medicine personally to :
 I accept that this is a service that the school is not obliged to undertake.
 I understand that I must notify the school of any change in writing.

Signed.....Date.....