



Parental Agreement For St. Ursula's E-ACT Academy to Store and Administer Medicine

School staff will not be able to give your child medication unless this form is completed and signed by a parent/career.

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

Student's Name	
Year and Class Name	
Medical Condition or Illness	

Medicine Details

Name & Strength of medicine: <i>(as shown on the original container/box/bottle)</i>	
Expiry Date	
Dosage and Method	
When To Be Given	
Special Precautions	
Are there any known side effects?	
Any other Instructions/Info <i>(including storage)</i>	

Note: Medicines ***MUST*** be in the original container as dispensed by the pharmacy. Some non-prescribed medication can be held; please check with the school.

Contact Details

Daytime Contact For Parent	Name: Telephone:
GP	Name: Telephone:

Please sign and date overleaf.

The information contained in this form is, to the best of my knowledge, accurate at the time of writing and I give consent for school staff to administer medicine in accordance with the school's policy.

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.

I understand it is my responsibility to ensure that all medication held in school is in date and correctly labelled.

Parental Signature: _____

Print Name: _____ Date: _____