

## Parental Agreement Form

### Hunloke Park Primary School Medication Administration Form

**The school will not give your child medicine unless you complete and sign this form.**

Name of child:

Date of birth:

Group/class/form:

Medical condition/illness:

Medicine/s:

Name/type of medication as described on the container:

Date dispensed:

Expiry date:

Agreed review date: .....

Review to be initiated by: .....

Dosage, method and timing:

Special precautions:

Are there any side effects that the school needs to know about?

Self-administration: Yes/No (delete as appropriate)

Signed:

Relationship to child:

Date: