



School's Agreement to administer medication

This form should be completed by parents for short term medical needs when a child requires prescribed medication to be delivered during school days for a short term illness.

I agree that _____ (child's name) will receive
_____ (dose) of _____ (name of medication) at
_____ (timing eg break time of lunch time). _____
(child's name) will be given/supervised while he/she takes their medication by
_____ (member of staff). This arrangement will continue until
_____ (end of medicine or until instructed by parent/guardian).

Date: _____

Signed: _____ (Parent)

Signed: _____ (Member of staff)