Appendix A- Parental Agreement Form

St Lewis' Catholic Primary School Medication Administration Form

Staff are not permitted to give your child medicine unless you complete and sign this form.

Name of child:	
Date of birth:	
Class:	
Medical condition/illness:	
Medicine/s:	
Name/type of medicine (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)	

ST LEWIS' PRIMARY SCHOOL
RECORD OF ADMINISTRATION OF PRESCRIPTION MEDICATION

I, …… (parent/carer name) give permission for the prescription medication(s) listed overleaf to be administered to my child.

Parent's/carer's signature …… Date ……..

HAS YOUR CHILD TAKEN THIS MEDICINE BEFORE TODAY? YES/NO

To be stored ……

Dosage …….. Time ……

The medicine prescribed must be in its original packaging

School will try their best to give your child their medicine at the required time, but this cannot be guaranteed.

THIS SECTION FOR SCHOOL USE ONLY

Child's name ……..…… Class ……

Medication to be administered ……

Do the administration instructions given by the parent correspond with the dosage instructions on the medicine? Yes/No (If no, do not give medication and contact parent to advise.)

Please check that the fridge is operating adequately if stored in the fridge; please store away from food.

TIME OF LAST DOSE	DATE & TIME	MEDICINE	DOSAGE	SIGNATURE OF 2 PEOPLE GIVING