

Parental agreement for setting to administer medicine

Villa Real will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer this medicine.

Date for review to be initiated by

Name of school/setting

Name of child

Date of birth

Class

Medical condition or illness

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Medicine

Name/type of medicine
(as described on the container)

Expiry date

Dosage and method

Timing

Special precautions/other
instructions

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

Self-administration – y/n

Procedures to take in an emergency

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NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details

Name

Daytime telephone no.

Relationship to child

Address

I give consent for this medication to
be transported via taxi

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Villa Real School
together we achieve