

## Parental agreement for setting to administer over the counter medication

For medicines that have not been prescribed but purchased, they need to be supplied to school in the original container, have instructions to administer, dosage and be in date. These medicines can only be administered for the amount of time stated on the label.

Date for review to be initiated by	
Name of school/setting	Villa Real School
Name of child	
Date of birth	
Class	
Medical condition or illness	

### **Over the counter medicine**

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

### **Contact Details**

Name	
Daytime telephone no.	
Relationship to child	
Address	
I give consent for this medication to be transported via taxi	

