

Contact Details

Name: _____

Daytime Telephone No: _____

Relationship to Child: _____

Address: _____

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to the school staff administering medication in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medication is stopped.

I understand that I must deliver the medication personally to a member of school staff and accept that this is a service that the school is not obliged to undertake.

Signature(s): _____

Date: _____

Relationship to child: _____

If more than one medication is to be given a separate form should be completed for each one

Transition of Medication

Accepted by *School*- Date: _____ Time: _____ Signature: _____

Accepted by Parent - Date: _____ Time: _____ Signature: _____

Accepted by *School*- Date: _____ Time: _____ Signature: _____

Accepted by Parent - Date: _____ Time: _____ Signature: _____

Accepted by *School*- Date: _____ Time: _____ Signature: _____

Accepted by Parent - Date: _____ Time: _____ Signature: _____

Accepted by *School*- Date: _____ Time: _____ Signature: _____

Accepted by Parent - Date: _____ Time: _____ Signature: _____

Accepted by *School*- Date: _____ Time: _____ Signature: _____

Accepted by Parent - Date: _____ Time: _____ Signature: _____