



KITE RIDGE SCHOOL
CHANGING MINDS

**Parental agreement for school to administer
any medications
during the normal school day.
Prescribed and Non-prescribed**

THIS FORM MUST BE COMPLETED BY PARENT/GUARDIAN

Child's name	
Child's date of birth	

Name of medicine		
Strength of medicine		
Dosage and method		
Method (orally)		
When to be given - Timing		
Special precautions/other instructions		
Are there any side effects that the school needs to know about?		
Self-administration Y/N?		
How was the medication sourced? (delete as appropriate) Please note that school can only give Ibuprofen if prescribed by a GP.	Prescription medication	Non-prescribed medication

Authorisation:

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school's policy.

Prescribed Medication: I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Non-prescription medication: I confirm that I have administered this non-prescription medication, without adverse effect, to my child in the past. I will inform the school immediately, in writing, if my child subsequently is adversely affected by the above medication.

If more than one medicine is required a separate form should be completed for each one.

Signature _____ Date _____

Name of parent/guardian _____