

Administration of Medicines



Form 2 – Parental Consent for Brookfield Community School to Administer Medicine

Students will not be given medicine unless this form is completed, signed and returned to school.

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

Brookfield Community School

Date

Child's name

Date of birth

Form

Medical condition or illness

Medicine

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

Date dispensed

Expiry Date

Dosage and Method

Timing – when to be given

Special precautions

Any other instructions

Number of tablets/quantity to be given to school

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

Self administration

Procedures to take in an emergency

Contact Details – First Contact

Name

Daytime telephone number

Relationship to child

Address

I understand that I must deliver the medicine personally to the Welfare Assistant

Contact Details – Second Contact

Name

Daytime telephone number

Relationship to child

Address

I understand that I must deliver the medicine personally to the Welfare Assistant

Name and phone number of GP

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 policy. 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.

I accept that this is a service that the school is not obliged to undertake.

I understand that I must notify the school of any changes in writing

Date:

Signature(s)

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This completed form to be return to the Welfare Assistant