

**AGREEMENT FOR SCHOOL TO ADMINISTER MEDICINE
KINGSBURY SCHOOL**

Name of student	
Form	
Date of birth	
Medical condition/illness	
Medicine (as described on the container)	
Date dispensed	
Expiry date	
Dosage and method	
Time of dose	
Special precautions	
Does the school need to know about any side effects?	
Self administration?	Yes/No (delete as appropriate)
Procedures to take in emergency	
Contact Details:	
Name of 1 st contact	
Daytime telephone number	
Relationship to student	
Address	

IMPORTANT NOTE: Any medicine supplied must be in a container clearly labelled by the Pharmacist with the name of the medicine, full instructions for use and name of student. All medicine should be in the original container bearing the manufacturer's instructions/guidelines. The school may refuse to administer any medicines supplied in inappropriate containers.

Parent/Carer signature

Name (Caps)

Date:

The above information is accurate to the best of my knowledge and I understand that I must notify the school of any changes in writing.