



Arnold

A proud past and a bright future

A member of United Church Schools Trust

PARENTAL AGREEMENT FOR ARNOLD SCHOOL TO ADMINISTER MEDICINE

This form must be completed by parents/guardian and returned to Matron. If more than one medicine is to be given a separate form must be completed for each one.

Arnold School will not give your child any medicine unless you complete and sign this form to comply with Arnold School Administration of Medication Policy. If staff has concerns regarding the administration of medicines they will consult with healthcare professionals.

NOTE: All of the Medicines supplied must be in the original container as dispensed by the pharmacy.

Child's name	
Form/Tutor Group	
Name and strength of medicine	
Expiry date	
How much to give (i.e. dose to be given)	
When to be given	
Any other instructions	
Number of tablets/quantity supplied	
Daytime phone no. of Parent/Guardian	
Name and phone no. of GP	
Date when administration of medicine should cease	

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

Parent/Guardian Signature

Print name

Date