



ALL SAINTS RC SCHOOL

Fides Caritas Amicitia



Parent/Carer Agreement for School to Administer Medicine

The School will not give your child medicine unless you complete this form.

Valid From Valid Until

Name of Child	
Date of Birth	
Year and Form	
Medical Condition/Illness	
Name/Type of Medicine (as described on the container)	
Quantity Received	
Dosage and Method	
Timing/Frequency	
Special Precautions/Storage Details	
Date Dispensed	
Expiry Date	
Any side effects which we need to know about	
Procedures to take in an emergency	
Contact Name	
Contact Telephone No	

Office Use Only

Medication received by:

Signed: Name: Date:

Signature of Student bringing medication in to school:

Signed: Name: Date: