



EP COLLIER
PRIMARY SCHOOL

Nurture Discover Achieve

Parental consent to administer medicine

The school will not give your child medicine unless you complete and sign this form.

Date for review to be initiated by

Name of school

Name of child

Date of birth

Class / Registration Group

Medical condition or illness

EP Collier Primary School

Medicine

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

Expiry date

Dosage and method

Timing

Special precautions/other instructions

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

Self-administration - y/n

Procedures to take in an emergency

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

Contact Details

Name

Daytime telephone no.

Relationship to child

Address

I understand that I must deliver the
medicine personally to the

School Office

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.

Signature(s): _____ Date: _____