**Parental Agreement Form**

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| Crossflatts Primary School Medication Administration Form |
| **Crossflatts Primary School will not give your child medicine unless you complete and sign this form.**   |  |  | | --- | --- | | Name of child: |  | | Date of birth: |  | | Group/class/form: |  | | Medical condition/illness: | | | Medicine/s: | | | Dosage:  How to administer:  Time of dosage:  Number of days medicine is required: | | | Special precautions: | | | Are there any side effects that the school needs to know about? | | | Self-administration: Yes/No (delete as appropriate) | | | **Inhaler administration I give / do not give permission for my child to use a school emergency inhaler if their own inhaler is not in school.** | | | Signature Date | | |