**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.**

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| 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 administrationI give / do not give permission for my child to use a school emergency inhaler if their own inhaler is not in school.** |
| Signature Date |

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