

FORM A:**Parental agreement for Hungerhill School to administer medicine for
SHORT-TERM USE.**

Commencement date	
Name of child	
Form	
Name of medicine	
Strength of medicine – as described in original packaging	
Expiry date	
Dosage specified on medicine	
Time of day when medicine must be given	
Any other instructions	
Quantity of medication being handed over to school	
Note: medicines must be in the original container as dispensed by your pharmacy	
Daytimes telephone number of parent or agreed contact	
Name and telephone number of GP	
Agreed finish/review date	

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to Hungerhill 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.

Parent/guardian signature

Print name.....

Date.....

If more than one medicine is to be given, a separate form should be completed for each one.