**Appendix A- 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: | | | | Name/type of medicine (as described on the container): | | | | Date dispensed: | Expiry date: | | | Agreed review date: …………………………………………………………………………………………  Review to be initiated by: …………………………………………………………………………………… | | | | Dosage, method and timing: | | | | 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 | | | |