

BANDON GRAMMAR SCHOOL

**PARENTAL AGREEMENT FOR SCHOOL NURSE/MATRON TO ADMINISTER
MEDICINE TO BOARDERS**



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

Name of school:

Name of student:

Student Mobile no:

Date of birth:

Form:

Allergies:

Medical Condition/Illness:

MEDICINE 1

Name/type of medicine:

(as described on the container)

Expiry Date:

Dosage and method:

Timing:

Special precautions/other instructions:

Any side effects the school need to know about?

MEDICINE 2

Name/type of medicine:

(as described on the container)

Expiry Date:

Dosage and method:

Timing:

Special precautions/other instructions:

Any side effects the school need to know about?

Procedures to take in an emergency:

MEDICINE 3

Name/type of medicine:

(as described on the container)

Expiry Date:

Dosage and method:

Timing:

Special precautions/other instructions:

Any side effects the school need to know about?

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

LETTER FROM GP/CONSULTANT (this applies to any student on medication > 10days) []

PARENT/GUARDIAN CONTACT DETAILS

Name:

Daytime Telephone no:

Relationship to Child:

I understand that I must deliver the medicine personally to (School Nurse/Matron) on duty:

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to the school Nurse/Matron on duty to administer medicine in accordance with the school policy. Furthermore the onus is on my child to present him/herself to the Medical Centre at the right time so that the medication can be administered. 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:

Received by School Nurse/Matron:

