

Ravensdale Junior School Medication Administration Form

**The school will not give your child medicine unless you complete and sign this form.
 NB: MEDICINES MUST BE IN THE ORIGINAL CONTAINER AS DISPENSED BY THE PHARMACY**

Name of child:	
Date of birth:	
Group/class/form:	
Medical condition/illness:	
Medicine/s:	
Name/type of medication 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)	
<p>I understand that I must deliver the medicine personally to the office.</p> <p>The above information is to the best of my knowledge, accurate at the time of writing and I give consent to Ravensdale Junior School administering medicine in accordance with the Administration of Medicines in School Policy. I will inform the school if any changes, in writing, if any details on this form change or the medicine is stopped.</p> <p>Parent Signature.....Date.....</p>	