



fide cura vobis

Parent / Guardian Agreement for School to Administer Medicine



fide cura vobis



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

Valid from..... Valid until.....

Name of Child	
Date of Birth	
Year and Form	
Medical Condition / Illness	
Name / Type of Medicine (as described on the container)	
Quantity Received	
Dosage and Method	
Timing / Frequency	
Special precautions / Storage Details	
Date Dispensed	
Expiry Date	
Any side effects which we need to know about	
Procedures to take in an emergency	
Contact Name	
Contact telephone number	

Signed.....

Date.....

Name.....