**Parental agreement for The Hermitage Schools to administer medicine**

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

Name of child …………………………………………………………………………………….

Date of Birth ……………………………………….

Class ……………………………………….

Medical Condition/Illness ………………………………………………………………………………………

**Medicine**

Name/Type of Medicine ……………………………………………………………………………

(as described on the container) …………………………………………………………………………..

Date dispensed ………………………………..

Expiry date ………………………………..

Dosage and method ……………………………………………………………………………………

Timing …………………………………………………………………………………….

**Contact Details**

Name ……………………………………………………………………………..

Telephone Number ……………………………………………………………

Relationship to child ……………………………………………………………

I understand that I must deliver and collect the medicine personally and I accept that this is a service that The Hermitage Schools are not obliged to undertake.

Date …………………………………………… Signature(s) …………………………………………………………………….