

## PARENTAL AGREEMENT FORM

**Student Name**

### Paracetamol / Over the counter medicines consent

I give permission for the school to give my daughter/son a maximum of two paracetamol in any one day. Paracetamol are only available from Student Services and should not be carried by any student in any circumstances.

Student Services will only provided paracetamols if this form has been signed by a parent/carer. Also it is a legal requirement that verbal permission is also obtained in conjunction with the signed form.

**Name of Parent / Carer**

**Signature**

### Prescribed Medicine Consent

I give permission for the school to administer any prescribed medicine for my daughter / son.

Any prescribed medicines will be in the original packaging and clearly labelled with my child's name.

Name of Medicine .....

Expiry Date .....

When to be taken .....

Special Precautions .....