

**Lowe's Wong A/M Junior School**  
**Parental Agreement**  
**for school to administer prescribed medication**



This school has a policy to enable staff to administer prescribed medication to students.  
To enable us to do this, please complete and sign this form.

**Date:** .....

**Child's Name:** .....

**Class:** .....

**Doctor's Name:** .....

**Tel No:** .....

**Name of Medicine:** .....

**Strength of Medicine:** .....

**Dosage:** .....

**Additional Instructions:** .....

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*\*All medicines must be in the original container as dispensed by the Pharmacy.*

***I give consent to school staff to administer the above prescribed medicine in accordance with the school policy. I will inform the school immediately in writing, if there are any changes in dosage or frequency of the medication or if the medication is stopped.***

**Parent's Name:** .....  
(Please print name)

**Tel No:** .....

**Parent Signature:** .....

*\*If more than one medicine is to be given, a separate form should be completed for each one.*