

### Marine Park First School - Agreement to Administer Medicine

**Note: Medicines must be in the original container as dispensed by the Pharmacy**

Name of school/Setting	Marine Park First School
Name of Child	
Class	
Name and strength of Medicine	
Date received	
Dose and frequency of medicine (as printed on the medicine)	
Quantity received (number/Dose/Volume)	
Quantity returned	
Date returned	
End date of course of medication	

It is agreed that (*name of child*) \_\_\_\_\_ will receive

(name & dosage of medicine) \_\_\_\_\_

At the following time/s \_\_\_\_\_

Medication will be given or supervised by \_\_\_\_\_

Signature of named Person/s \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/carer \_\_\_\_\_ Date: \_\_\_\_\_