



**Crabtree Junior School**  
**Parental agreement for another adult / non-staff member to administer medication to their child**

If a dose or application of medication is required during the school day, parents will be asked to come to the School Office at the appropriate time to administer the medicine to their child and then take the medicine away with them. If the parents are unable to come to the school, they may authorise another adult to come to school on their behalf to administer medication, and will need to complete this form in order for any such medication to be given to their child. **No child in the school will be given any medicines without their parents' written consent.**

I give authority to .....(*name of person to whom authority is delegated and who must be 18+*) to come to the school to administer medication to my child on my behalf. This person understands that if they are not known by the school they may be asked for proof of identity.

Child's name.....Class .....

Date(s) and times when medicine to be given.....

Daytime phone no. of parent .....

Daytime phone no. of delegated person.....

Parent/ Guardian's Signature .....

Print name.....

Date.....

**Disclaimer: The school takes no responsibility for checking any medication given by the delegated adult named above. The school's only duty is to confirm the identity of the person administering the medication.**