Guardian agreement for Northern Ballet to administer medicine

Northern Ballet will not give your child medicine unless you complete and sign this form.

Name of child:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DoB:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Class:\_\_\_\_\_\_\_\_\_\_\_

Medical condition or illness:

**Medicine**

|  |  |
| --- | --- |
| Name/type of medicine  *(as described on container)* |  |
| Expiry date |  |
| Dosage and method |  |
| Timing |  |
| Special precautions/other instructions |  |
| Are there any side effects that Northern Ballet needs to know about? |  |
| Self-administration – y/n |  |
| Procedures to take in an emergency |  |

**Medicines must be in the original container as dispensed by the pharmacy**

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to Northern Ballet staff administering medicine in accordance with the Northern Ballet policy. I will inform Northern Ballet immediately, in writing, if there is any change in dosage or frequency of the medicine (medical evidence must be provided).

If applicable, I will collect the medication at the end of the school day from the school office.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Guardian/carer)

Guardian/carer name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_