

**Surrey Public School
Medication Agreement**

Full Student Name:(FML)	
Name of Medication:	
Strength:	
Dose:	
Shape:	
Color:	
Quantity Received:	

I understand that I (parent/guardian) am responsible for the safe delivery and pick up of all medications to Surrey School office.

I agree:

- To send medication in the original container
- To instruct my child to take medication from designated school personnel at the time listed above.
- To instruct my child that they are not permitted to provide or sell any medication to another student.
- To submit a new form if the medication, dosage or instructions have changed.
- To send a written note if my child is to discontinue taking this medication. I understand that the medication listed will be disposed of after five days if not picked up by me or my spouse.

I hereby release Surrey Public School from any liability for reactions, damages, injury (directly or indirectly) resulting from my child's use of this medication.

Please print:

Parent/Guardian Name:	Phone Number:
-----------------------	---------------

Parent/Guardian

Date

If medication physical appearance or dosage changes, a new form will have to be completed.

