

FORM 3A

Parental agreement for school/setting to administer medicine

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that staff can administer medicine.

Name of school/setting

Name of child

Date of birth

Group/class/form

Medical condition or illness

Medicine

Name/type of medicine
(as described on the container)

Date dispensed

Expiry date

Agreed review date to be initiated by *[name of member of staff]*

Dosage and method

Timing

Special precautions

Are there any side effects that the school/setting needs to know about?

Self administration Yes/No *(delete as appropriate)*

Procedures to take in an emergency

Contact Details

Name

Daytime telephone no.

Relationship to child

Address

I understand that I must deliver the medicine personally to *[agreed member of staff]*

I accept that this is a service that the school/setting is not obliged to undertake.
I understand that I must notify the school/setting of any changes in writing.

Date _____

Signature(s) _____