



## 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 Child: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Group/Class/Form: \_\_\_\_\_

Medical condition/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 the school office and 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): \_\_\_\_\_

\_\_\_\_\_

Relationship to Child: \_\_\_\_\_

To be completed when medicines are administered on school journeys or residential trips and copied onto Medicine Administration Register on return.

Date	Time	Dose	Signature