

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	<input type="text"/>
Name of child	<input type="text"/>
Date of birth	<input type="text" value="/ /"/>
Group/class/form	<input type="text"/>
Medical condition or illness	<input type="text"/>

Medicine

Name/type of medicine <i>(as described on the container)</i>	<input type="text"/>
Date dispensed	<input type="text" value="/ /"/>
Expiry date	<input type="text" value="/ /"/>

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

	<input type="text"/>
Dosage and method	<input type="text"/>
Timing	<input type="text"/>
Special precautions	<input type="text"/>
Are there any side effects that the school/setting needs to know about?	<input type="text"/>

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

Procedures to take in an emergency	<input type="text"/>
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Contact Details

Name	<input type="text"/>
Daytime telephone no.	<input type="text"/>
Relationship to child	<input type="text"/>
Address	<input type="text"/>

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

<input type="text"/>

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.