

FORM 3B

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 _____

Date _____

Child's Name _____

Group/Class/Form _____

Name and strength of medicine _____

Expiry date _____

How much to give (i.e. dose to be given) _____

When to be given _____

Any other instructions _____

Number of tablets/quantity to be given to school/setting _____

Note: Medicines must be the original container as dispensed by the Pharmacy

Daytime phone no. of parent or adult Contact _____

Name and phone no. of GP _____

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

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Parent's signature: _____

Print Name: _____ Date: _____

If more than one medicine is to be given a separate form should be completed for each one.