

**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/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]*

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: