FORM 3A ST PETERS PRIMARY SCHOOL

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
Medicine will only be administered if if has been prescribed and the dose is 4 times daily

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: _____