Form 3A

Parental Agreement for School to Administer Medicine

The school will not give your child medicine unless you complete and sign this form, and the school has a policy that staff can administer medicine.

Name of school .....

Name of child .....

Date of birth .....

Group/class/form .....

Medical condition or 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 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]

.....

I accept that this is a service that the school is not obliged to undertake.

I understand that I must notify the school of any changes in writing.

Date .....

Signature(s) .....

Form 4

Headteacher Agreement to Administer Medicine

Name of school .....

It is agreed that [name of child] ..... will receive

[quantity and name of medicine] ..... every day at [time

medicine to be administered e.g. lunchtime or afternoon break] .....

[Name of child] ..... will be given/supervised whilst

he/she takes his/her medication by [name of member of staff] .....

This arrangement will continue until [either end date of course of medicine or until instructed by parents]

Date .....

Signed .....

(The Headteacher/named member of staff)