

FORM 3A – Parental agreement for school/setting to administer medicine (short term)

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 the staff can administer medicine. You are also agreeing to other appropriate employees of the Local Authority (such as Home-School transport staff) to administer medicine if authorised to do so by the school/setting.

Name of school/setting

High Storrs 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/setting needs to know about?

Self-administration

Yes/No

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

Mrs C Simcox

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.

I understand that a non-medical professional will administer my child's medication, as defined by the prescribing professional only.

Date

Signature(s)