

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.

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| Name of school/setting | <input type="text"/> |
| Date | <input type="text" value="/ /"/> |
| Child's name | <input type="text"/> |
| Group/class/form | <input type="text"/> |
| Name and strength of medicine | <input type="text"/> |
| Expiry date | <input type="text" value="/ /"/> |
| How much to give (i.e. dose to be given) | <input type="text"/> |
| When to be given | <input type="text"/> |
| Any other instructions | <input type="text"/> |
| Number of tablets/quantity to be given to school/setting | <input type="text"/> |

Note: Medicines must be in the original container as dispensed by the pharmacy

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| Daytime phone no. of parent or adult contact | <input type="text"/> |
| Name and phone no. of GP | <input type="text"/> |

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.