

## APPENDIX A/ C: FORM 3A

### Parental agreement for school/setting to administer medicine

Central Primary School 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: Central Primary School

Name of Child .....

Date of Birth: .....

Group/Class/Form: .....

Medical condition/illness: .....

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#### 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 (Number of tablets etc.): .....

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: .....

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#### Contact Details

Name: .....

Daytime telephone number: ..... Relationship to child: .....

Address: .....

Doctor/ GP Name and telephone Number: .....

I understand I must deliver the medicine personally to the named staff member and accept that this is a service that the school/setting is not obligated to undertake.

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.

Date Agreed review date to be initiated by [name of member of staff]: .....

Signature(s) .....

Relationship to child:

*If more than one medicine is to be given a separate form should be completed for each one. From: **MANAGING MEDICINES IN SCHOOLS AND EARLY YEARS SETTINGS (DES 2005)***