

FORM 3A

Parental agreement for school to administer medicine (short-term)

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

Name of school	Springfield Primary School
Name of child	
Date of birth	/ /
Group/class/form	
Medical condition or illness	

Medicine

Name/type of medicine <i>(as described on the container)</i>	
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?	Information provided - Yes/No Signed parent/carer

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I have handed the medicine to a member of the reception staff	Signed member of staff: Position in school:

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.

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

Date..... Signature(s).....