

## **Child Medical Form 3B**

### **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 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.

<b>Name of school</b>	<b>High Green Primary School</b>
<b>Date</b>	/ /
<b>Childs name</b>	
<b>Class</b>	
<b>Name and strength of medicine</b>	
<b>Expiry date</b>	/ /
<b>How much to give (i.e dose to be given)</b>	
<b>When to be given</b>	
<b>Any other instructions</b>	
<b>Number of tablets/quantity to be Given to school</b>	
<b><i>Note: medicines must be in the original container as dispensed by the pharmacy</i></b>	
<b>Daytime phone o of parent/carers</b>	
<b>Or adult contact</b>	
<b>Name and phone no of GP</b>	
<b>Agreed review date to be initiated by</b>	(name of member of staff)

The above information is, to be the best of my knowledge, accurate at the time of writing and I give consent to school and other authorised staff administering medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

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

Parent/carers signature -----

Print name ----- Date -----

If more than one medicine is to be given a separate form should be completed for each one.