

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.

Name of school

Date

Childs name

Class

Name and strength of medicine

Expiry date

How much to give (i.e dose to be given)

When to be given

Any other instructions

Number of tablets/quantity to be Given to school

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

Daytime phone no of parent/carer

Or adult contact

Name and phone no of GP

Agreed review date to be initiated by

High Green Primary School

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(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/carer signature -----

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

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