



Meadowbank Primary School

FORM 3

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.

Name of school/setting _____

Name of child _____

Date of birth _____

Group/class _____

Medical condition or illness _____

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 _____

Timing _____

Special precautions _____

Are there any side effects that the school needs to know about? _____

Self administration Yes/No *(delete as appropriate)*

Procedures to take in an emergency _____

Contact Details

Name _____

Daytime telephone no. _____



Relationship to child _____

Address _____

I understand that I must deliver the medicine personally to *[agreed member of staff]*

I accept that this is a service that the school/setting is not obliged to undertake.

I understand that I must notify the school/setting of any changes in writing.

Date _____ Signature(s) _____

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