FORM 3A

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

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 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/setting.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of school/setting | Ladymount Catholic Primary School | | | |
| Name of child |  | | | |
| Date of birth |  |  |  |  |
| Group/class/form |  | | | |
| Medical condition or illness |  | | | |
| **Medicine** |  | | | |
| Name/type of medicine  *(as described on the container)* |  | | | |
| Name of drug checked against blister pack/ bottle inside labelled box. | Yes/ No | | | |
| 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? |  | | | |
| Self administration | /*No* | | | |
| 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.

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

Date Signature(s)