

Form 3

Original / amended

Valid from: _____

Parent/carer 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 the staff can administer medicine.

Name of school/setting

Name of child

Date of birth

Group/class/form

Medical condition or illness

/ /

Name/type of medicine
(as described on the container)

Quantity received
(eg half bottle)

Dosage and method:

Timing:

Special precautions

Date dispensed:

Expiry date:

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

Procedures to take in an emergency:

Self administration:

Form 3 continued Planned review date: _____
Person to initiate review: _____
Contact Details: Name: _____
Daytime telephone no. _____
Relationship to child: _____
Address: _____
I will deliver the medicines personally to: _____ OR I have school permission for my son/daughter to carry their own medicine to school

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy

Parent/carer's signature _____

Print name _____ Date _____

Surplus/unused medicines:

The following quantity _____ of the above medicine was collected by:

Name: _____

Signed: _____

Date: _____

The above medicine was not collected. It was taken to _____

Chemist for safe disposal. Date: _____ Initial: _____