

FORM 3B

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: CHALFONT ST GILES JUNIOR SCHOOL

Date:

Child's Name:

Class:

Name and strength of medicine:

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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/setting:

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

Daytime phone no. of parent or adult contact:

Name and phone no. of GP:

Agreed review date to be initiated by: *[member of school staff]:*

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school 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.

Parent's signature:

Print Name:

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