**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** | Great Oaks School/College |
| **Name of child** |  |
| **Date of birth** |  |  |  |  |
| **Group/class/form** |  |
| **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** | Dawn Condon, Welfare Officer |
| **Dosage and method** |  |
| **Timing** |  |
| **Special precautions** |  |
| **Are there any side effects that the school/setting needs to know about?** |  |
| **Self administration** | Yes\_\_\_\_  | 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** | Dawn CondonWelfare Officer |

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.

|  |  |
| --- | --- |
| **Parent/Carer’s Signature** |  |
| **Print Name** |  | **Date** |  |