

**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 \_\_\_\_\_

Date \_\_\_\_\_

Child's Name \_\_\_\_\_

Group/Class/Form \_\_\_\_\_

Name and strength of medicine \_\_\_\_\_

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 the original container as dispensed by the pharmacy**

Daytime phone number of parent  
Or adult contact \_\_\_\_\_

Name and phone number of GP \_\_\_\_\_

Agreed review date to be initiated by  
(name of member of staff) \_\_\_\_\_

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. I will inform the school/setting 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: \_\_\_\_\_