

Turnfurlong Infant School

Parental agreement for school/setting to administer medicine (Medical Form 3A)



The school will not give your child medicine unless you complete and sign this form.

Name of child	
Date of birth	
Class	
Medical condition or illness	
Medicine	
Name/type of medicine <i>(as described on the container)</i>	
Date dispensed	
Expiry date	
Agreed review date to be initiated by	<i>[name of member of staff]</i>
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	<i>[agreed member of staff]</i>

I accept that this is a service that the school is not obliged to undertake.

I understand that I must notify the school of any changes in writing.

Date _____ Signature(s) _____

Return of medicine	
Date returned	
Quantity returned	
Signature of parent	