



## Form 3A - Parental Agreement for School/Setting to Administer Medication (Short Term Medication)

The school/setting will not give your child any medication unless you sign this form, and the school/setting has a policy that staff can administer medicine.

Name of School/Setting: \_\_\_\_\_

Name of Child: \_\_\_\_\_

Date of Birth 

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Class/Form 

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### Medicine

Name/Type of medicine \_\_\_\_\_

(As described on the container)

Date Dispensed 

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Expiry Date 

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Agreed review date to be initiated by (Name of member of staff)

\_\_\_\_\_

Dosage and Method: \_\_\_\_\_

Timing: \_\_\_\_\_

Special Precautions: \_\_\_\_\_

PTO



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Are there any side effects that the school/setting should know about? Yes/No

If Yes, please advise: \_\_\_\_\_

Is the pupil able to self-administer the medication? Yes/No

Procedure 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 (agreed member of staff) and 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.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Relationship to child: \_\_\_\_\_



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