

**FORM 3A**

**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 the staff can administer medicine.

Name of school/setting

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

Dosage and method

Timing

Special precautions

Are there any side effects that the school/setting needs to know about?

Self administration

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

/ /

/ /
/ /
[name of member of staff]
Yes

{agreed member of staff}

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.

Date

Signature(s)

**FORM 5**

**Record of medicine administered to an individual child**

Name of school/setting  
 Name of child  
 Date medicine provided by parent  
 Group/class/form  
 Quantity received  
 Name and strength of medicine  
 Expiry date  
 Quantity returned  
 Dose and frequency of medicine

/   /
/   /

Staff signature \_\_\_\_\_

Signature of parent \_\_\_\_\_

Date  
 Time given  
 Dose given  
 Name of member of staff  
 Staff initials

/   /	/   /	/   /

Date  
 Time given  
 Dose given  
 Name of member of staff  
 Staff initials

/   /	/   /	/   /