



## FORM 3B

# Parental agreement for school to administer medicine

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

Name of school	Black Horse Hill Infant School
Date	
Child's name	
Class	
Name and strength of medicine	
Expiry date	
How much to give ( <i>i.e. dose to be given</i> )	
Any other instructions	
Number of tablets/quantity to be given to school	

**Note: Medicines must be in the original container as dispensed by the pharmacy**

Daytime phone no. of parent/carer	
Name and phone no. of GP	
Agreed review date to be initiated by	

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

*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 \_\_\_\_\_

**If more than one medicine is to be given a separate form should be completed for each one.**