

(Appendix 3a – Parental agreement for Blackfen School to administer medicine)

Parental agreement for 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.

Date	
Name of school/setting	Blackfen School For Girls
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

Medicine

Name/type of medicine <i>(as described on the container)</i>	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	

NB: Medicines must be in the original container as dispensed by the pharmacy and brought into the school together with this form.

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	

I confirm I will inform the school of any changes to the information contained in this document.

Signature Parent/Carer