



Form 3

Parent/carer agreement for school to administer prescribed medicines or paracetamol.

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

Name of school/setting	Dunnington CE Primary School
Name of child	
Date of birth	/ /
Class/	
Medical condition or illness	
Name/type of medicine (as described on the container)	
Quantity received (eg half bottle)	
Dosage and method:	
Timing:	
Special precautions	
Date dispensed:	Expiry date:
Are there any side effects that the school needs to know about?	
Procedures to take in an emergency:	
Self administration:	
Planned review date:	
Person to initiate review:	

Contact Details:

Name:

Daytime telephone no.

Relationship to child:

Address:

I will deliver the medicines personally to: _____
OR

I have school permission for my son/daughter to carry their own medicine to school

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy

Parent/carer's signature _____

Print name _____ Date _____

Surplus/unused medicines:

The following quantity _____ of the above medicine was collected by:

Name: _____

Signed: _____

Date: _____

The above medicine was not collected. It was taken to _____

Chemist for safe disposal. Date: _____ Initial: _____
