



# Roby Park Primary School



## Permission to Administer Medicine in School

### 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 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 (name of member of staff)

Dosage and Method

Timing

Special Precautions

Are there any Side Effects that the School/Setting needs to know about

Self-administration Yes/No (delete as appropriate)

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 (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.



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Date \_\_\_\_\_

Signature(s) \_\_\_\_\_