

# FORM 3B

## Parental Agreement for School/Setting to Administer Medicine (long-term)

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. You are also agreeing to other appropriate employees of the Local Authority (such as Home-School transport staff) to administer medicine if authorised to do so by the school.

<b>Name of school</b>	Fairisle Junior School
<b>Date</b>	/ /
<b>Child's name</b>	
<b>Group/class/form</b>	
<b>Name and strength of medicine</b>	
<b>Expiry date</b>	/ /
<b>How much to give (i.e. dose to be given)</b>	
<b>When to be given</b>	
<b>Any other instructions</b>	
<b>Number of tablets/quantity to be given to school/setting</b>	

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

<b>Daytime phone no. of parent/carer or adult contact</b>	
<b>Name and phone no. of GP</b>	

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school and other authorised 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.

<b>Parent/Carer's signature</b>		
<b>Print name</b>		<b>Date</b>

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