



## FORM 3 Parental Agreement for School/Setting to Administer Medicine

Please note that we will be unable to give medication unless you fully complete and sign this form. Medication is only given in school if it has been prescribed and needs to be taken 4 times a day with the exception of inhalers/allergy related medication.

Name of School	
Name of Child	
Date of Birth	
Name of Class Teacher	
Year Group	
Medical Condition or Illness	

Name of Medicine	
Date Dispensed	
Expiry Date	
How long is the medicine to be taken for (eg 1 week)	
Dosage and method	
Can your child take their own medication with supervision	YES/NO
Side Effects (if any)	
Procedure in an emergency	
Will you need to collect the medication at the end of each day?	YES/NO

- I understand that I must notify St Mary's Catholic Primary of any changes, in writing.
- I understand that this is a service that St Mary's Catholic Primary is not obliged to undertake.
- I understand that if a child refuses to take the medication, a phone call will be made to inform the person who completed this form.
- I understand that a non-medical professional will administer my child's medication, following the instructions given on the dispensing label.

*Journeying, in the light of Christ...together, we live and learn*



Name of person completing this form	
Relationship to child	
Emergency contact number	
Signature	
Date this form was completed	

**SCHOOL USE ONLY**

It is agreed that this child will receive.....(dose) every day as specified until the dosage is complete/expire. A member of staff will supervise the taking of the dose.

Signed..... Date.....

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