## Wheelwright Lane Primary School

## FORM 3A

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

## Parental agreement for school to administer medicine

Name of Child: Class: Medical condition/illness: Medicine Name/Type of Medicine (as described on the container): Dosage and method: Timing: Dates to administer from & to: To From Are there any side effects that the school needs to know about? Self Administration: Yes/No (delete as appropriate) Contact Details Name: Daytime Telephone No: Relationship to Child: Address: I understand that I must deliver the medicine personally to a responsible member of staff for safe storage and accept that this is a service that the school is not obliged to undertake. I understand that I must notify the school/setting of any changes in writing. Date: Signature(s): Relationship to child:

## Record of medicines administered in school to all children

Date	Child's Name	Time	Name of medicine	Dose given	Reactions	Staff Signature	Print Name	Parent
								Signature