

FORM 3B - 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 School/or setting has a policy that staff can administer medicine.

Name of school/Setting: **Irchester Community Primary School**

Date: _____

Childs Name: _____

Registration Group: _____

Name and strength of Medicine: _____

Expiry Date: ____/____/____

Dosage: _____

When to be Given: _____

Any other instructions: _____

Quantity given to school/setting: _____

Note: Medicines must be in the original container as dispensed by the Pharmacy

Daytime Telephone Number:
Of Parent or Adult Contact: _____

Name and Telephone Number
Of GP: _____

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Parent's Signature: _____

Print Name: _____

Date: _____

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

FORM 5 – Record of Medicine administered to an individual child

Name of school/Setting: **Irchester Community Primary School**

Name of Child: _____

Date medicine provided by Parent: _____

Registration Group: _____

Name and strength of Medicine: _____

Expiry Date: ____/____/____

Quantity returned: _____

Dosage: _____

Staff Signature: _____

Parent Signature: _____

Date: ____/____/____ ____/____/____ ____/____/____

Time Given: _____ _____ _____

Dose Given: _____ _____ _____

Staff Name: _____ _____ _____

Staff Initials: _____ _____ _____

Date: ____/____/____ ____/____/____ ____/____/____

Time Given: _____ _____ _____

Dose Given: _____ _____ _____

Staff Name: _____ _____ _____

Staff Initials: _____ _____ _____

FORM 5 – Continued

Date: ___/___/___ ___/___/___ ___/___/___
Time Given: _____
Dose Given: _____
Staff Name: _____
Staff Initials: _____

Date: ___/___/___ ___/___/___ ___/___/___
Time Given: _____
Dose Given: _____
Staff Name: _____
Staff Initials: _____

Date: ___/___/___ ___/___/___ ___/___/___
Time Given: _____
Dose Given: _____
Staff Name: _____
Staff Initials: _____

Date: ___/___/___ ___/___/___ ___/___/___
Time Given: _____
Dose Given: _____
Staff Name: _____
Staff Initials: _____