Form 3B



Parental agreement for school to allow child to self-administer medicine

The school are not able to allow your child medicine unless you complete and sign this form.

Name of child .....

Date of birth ..... Class .....

Medical condition or illness

.....

.....

Medicine

Name of medicine (as described on the container)

.....

.....

Date dispensed ..... Expiry date .....

Dosage and method

.....

.....

Timing .....

Special precautions

.....

.....

Are there any side effects that the school needs to know about?

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.....

I understand that I must deliver and collect the medicine personally to/from a member of school staff.

I accept that this is a service that the school is not obliged to undertake.
I understand that I must notify the school of any changes in writing.

Signature ..... Printed .....

Date .....