**FORM 3B**

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

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting 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/setting.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of school/setting** |  | | | |
| **Date** |  |  |  |  |
| **Child’s name** |  | | | |
| **Group/class/form** |  | | | |
| **Name and strength of medicine** |  | | | |
| **Expiry date** |  |  |  |  |
| **H****ow much to give (i.e. dose to be given)** |  | | | |
| **When to be given** |  | | | |
| **Any other instructions** |  | | | |
| **Number of tablets/quantity to be given to school/setting** |  | | | |
| **Note: Medicines must be in the original container as dispensed by the pharmacy.** | | | | |
| **D****aytime phone no. of parent/carer or adult contact** |  | | | |
| **Name and phone no. of GP** |  | | | |
| **Agreed review date to be initiated by** | [name of member of staff] | | | |

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

I understand that a non-medical professional will administer my child’s medication, as defined by the prescribing professional only.

|  |  |  |  |
| --- | --- | --- | --- |
| **Parent/Carer’s signature** | |  | |
| **Print name** |  | **Date** |  |

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