

# PRENTON PRIMARY SCHOOL

## FORM 3A

### Parental agreement for school/setting to administer medicine (short-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	<b>PRENTON PRIMARY SCHOOL</b>
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

#### Medicine

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

Name/type of medicine <i>(as described on the container)</i>	
Date dispensed	
Expiry date	
Dosage and method	
Timing	
Special precautions	
Are there any side effects that the school/setting needs to know about?	
Self administration	YES / NO
Procedures to take in an emergency	

#### Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to the school office	

I accept that this is a service that the school/setting is not obliged to undertake.

I understand that I must notify the school/setting of any changes in writing.

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

Date \_\_\_\_\_ Signature(s) \_\_\_\_\_

---

### PRENTON PRIMARY SCHOOL - AGREEMENT TO ADMINISTER MEDICINE

It is agreed that (Name) \_\_\_\_\_ will receive \_\_\_\_\_ every day at \_\_\_\_\_.

(Name) \_\_\_\_\_ will be given/supervised whilst he/she takes their medicine. This arrangement will continue until \_\_\_\_\_ (date).

Signed \_\_\_\_\_ Date \_\_\_\_\_

**Mrs Lloyd/Miss Brayley/Ms Taylor**

**To be authorised before any administration of medication**

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

# PRENTON PRIMARY SCHOOL

Dear Parents,

## **Administration of Medicines in School**

If at any time your child needs medication of any kind in school, i.e. antibiotic, pain relief, antihistamine or ointment/cream, please could you abide by the following procedures:

- ❖ Please complete and sign the Parental Agreement for School to Administer Medicine (Form 3A, which is available from the school office). **Once completed, an adult must hand it in to the school office with the medication.**
- ❖ No medication will be given without a completed form.
- ❖ Please send in the required medication in original packaging with prescription label detailing dosage.
- ❖ Please **DO NOT** send any medication into school with your child. Medication **MUST** be given in at the School Office only.
- ❖ Medication must be collected from the School Office by an adult, and will not be given to your child to take home.
- ❖ **STAFF ARE UNABLE TO ADMINISTER ASPIRIN OR IBUPROFEN UNLESS PRESCRIBED BY YOUR DOCTOR.**
- ❖ **Non-prescription medicine may not be given to children under the age of 8 years.**
- ❖ We **do not** have facilities in school to refrigerate any medication.

We have to follow strict health and safety guidelines and therefore for the safety of all children in school, we must insist that you co-operate with the above, otherwise we will not be able to allow school staff to administer medicine. Then, if your child needed medication you would have to come into school to administer it yourself.

Thank you for your support.

Yours sincerely,

S. Lloyd  
Headteacher