**FORM 3: Parental agreement for Rumney Primary School to administer medicine**

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

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| Name of child |  |
| Date of birth |  |
| Year Group and Class |  |
| Medical condition or illness  Name and strength of medicine |  |
| Expiry date |  |
| How much to give (i.e.) dose to be given |  |
| When to be given  Self-administration appropriate |  |
| Any other instructions  Are there any side effects that the school needs to know about? |  |
| Number of tablets/quantity to be given to school |  |
| ***Note: Medicines must be in the original container and labelled with the child’s name as dispensed by the pharmacy*** | |
| Emergency contact name |  |
| Daytime telephone number |  |
| Relationship to child |  |
| Name and phone number 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 staff administering medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped. | |

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

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| Name of parent / carer (print) | |
| **Date** | **Signature** |