

FORM 3D

Parental agreement for school to administer *occasional* non-prescription medicine for school journeys or residential trips, e.g. travel sickness tablets, antihistamines.

The school will not give your child medicine unless you complete and sign this form, and the school has a policy that staff can administer medicine.

Name of School/Setting	
Date	
Child's Name	
Group/Class/Form	
Name and strength of medicine	
Expiry date	
How much to give (i.e. dose)	
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, which must contain the Patient Information Leaflet	
Daytime phone no. of parent or adult contact	
Name and phone no. of GP	
Agreed review date to be initiated by <i>[name of member of staff]:</i>	

I confirm that I have administered this non-prescription medication, without adverse effect, to my child in the past.

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 my child subsequently is adversely affected by the above medication

Parent's signature: _____ Print Name: _____

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