



### Form 3A

### Parental agreement for Dorney School to administer medicine and Inhalers

Please complete and sign this form for a member of staff at Dorney School to administer medicine to your child.

Name of Child: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Class: \_\_\_\_\_

Medical condition/illness: \_\_\_\_\_

#### Medicine

Name/Type of Medicine (as described on the container): \_\_\_\_\_

Date dispensed: \_\_\_\_\_

Expiry date: \_\_\_\_\_

Agreed review date to be initiated by  
*[name of member of staff]*: \_\_\_\_\_

Dosage and method: \_\_\_\_\_

Timing: \_\_\_\_\_

Special Precautions: \_\_\_\_\_

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

Self-Administration: Yes/No (delete as appropriate)

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 a member of staff at Dorney School and 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.**

Date: \_\_\_\_\_

Signature(s): \_\_\_\_\_ Relationship to child: \_\_\_\_\_