

FORM 3A

Parental agreement for school to administer medicine (short-term)

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

Name of school	CHRIST THE KING CATHOLIC PRIMARY
Name of child	
Date of birth	
Class	
Medical condition or illness	
Medicine	
Name/type of medicine <i>(as described on the container)</i>	
Expiry date	
Dosage and method	
Timing	
Special precautions	
Are there any side effects that the school/setting needs to know about?	
Self administration	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 is not obliged to undertake.

I understand that I must notify the school 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)