



London Borough of Havering  
**ENGAYNE PRIMARY SCHOOL**

Mrs S Sankey: Headteacher  
01708 223492

**FORM 3B**

**Parental agreement for school to administer medicine**

*It is important to keep the administration of medication to a minimum and parents are requested to consider the possibility of administering the daily doses out of school hours (If the medication requires 3 doses per day, please administer outside of school hours). If this is not possible the following consent form must be completed*

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

Name of School: Engayne Primary School  
Date: \_\_\_\_\_  
Child's name: \_\_\_\_\_  
Class: \_\_\_\_\_  
Name and Strength of medicine: \_\_\_\_\_

Administration dates START \_\_\_\_\_ END \_\_\_\_\_  
*(Please make sure you collect any remaining medicine from the school office on the end date. If medication has not been picked up within a week, the school will dispose of it at the local pharmacy.)*

EXPIRY DATE of MEDICATION \_\_\_\_\_

DOSE \_\_\_\_\_

TIMES TO BE GIVEN \_\_\_\_\_

Number of tablets/quantity to be given to school: \_\_\_\_\_  
*(Where available, please give medication in individual doses – eg calpol sachets)*

**NOTE: MEDICATIONS MUST BE IN THE ORIGINAL CONTAINER AS DISPENSED BY THE PHARMACY.**

If the medication is NOT prescribed, please confirm that you have checked that the original label states that the medication is suitable for the age of your child: YES / NO (please circle)

Daytime phone number: \_\_\_\_\_

Name and phone number of GP \_\_\_\_\_

Agreed review date: \_\_\_\_\_

The above information is to the best of my knowledge, accurate at the time of writing and I give consent to the 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 medication is stopped.

PARENT/ CARER'S SIGNATURE \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

DATE: \_\_\_\_\_