

NORTH NEWTON COMMUNITY PRIMARY SCHOOL

"TOGETHER WE ACHIEVE"

Headteacher: Mrs. Debbie Leach
Designated Safeguarding Lead: Mrs Crow

Tel/Fax: 01278 662140
E-mail: office@nncps.org
Website: www.northnewtonschool.co.uk



Church Road,
North Newton,
BRIDGWATER,
Somerset.
TA7 0BG

FORM 3A

Parental agreement for school to administer medicine

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 NORTH NEWTON COMMUNITY PRIMARY SCHOOL

Name of Child: _____

Date of Birth: _____

Group/Class/Form: _____

Medical condition/illness: _____

Medicine

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

Date dispensed: _____

Expiry date: _____

Dosage and method: _____

Timing: _____

Time last dose administered: _____

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: _____

Continued Overleaf →

Contact Details

Name:

Daytime Telephone No:

Relationship to Child:

Address:

I understand that I must deliver the medicine personally to [Office administrator who will had it to the designated member of staff] 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:
