



St. Peter's  
Catholic  
Primary School

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Address: Sandy Lane, Doncaster DN4 5EP

Headteacher:

Mrs S Groarke

Deputy Headteacher:

Mrs C Young

### FORM 3A Parental Agreement for School to Administer Prescribed Medicine

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

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Medical condition or illness \_\_\_\_\_

#### Medicine

Name/type of medicine (as described on the container): \_\_\_\_\_

Date Dispensed: \_\_\_\_\_ Expiry Date \_\_\_\_\_

Dosage and Method: \_\_\_\_\_

Time: \_\_\_\_\_

Special precautions: \_\_\_\_\_

Are there any side effects that the school/setting needs to know about?

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

Procedures to take in an emergency \_\_\_\_\_

Contact Details Name: \_\_\_\_\_

Daytime Telephone No. \_\_\_\_\_

I understand that I must deliver the medicine personally to the school office and sign the parent declaration each day that the medicine is dispensed.

I accept that this is a service that the school/setting is not obliged to undertake.

I understand that I must notify the school/setting of any changes in writing.

Date \_\_\_\_\_

Signature(s) \_\_\_\_\_

