FORM 3A

Parental agreement for school to stock medicine

Name of Child: ……

Date of birth: ……

Form group: ……

Address: ……..

Medical condition: ……..

Medicine

Name of medicine: ……

Expiry date: ……

Dosage and method: ……

Timing: ……

Any special precautions: ……

Any side effects: ……..

Self-administration: ……

Emergency instructions: ……

Contact details

Name: ……

Telephone number: ……

Relationship to child: ……

I understand that by signing this I am allowing Stowmarket High School to keep a supply of the above medication in a locked cabinet for my child to have when needed whilst in school.

I understand that I must inform Louise Millerchip of any changes to my child's medical condition in writing, and all medication must be given to Louise Millerchip in person.

Signed: …… Date: ……

Print name: ……