



Parental agreement for academy to administer medicine

If you would like the academy to administer **ANY** medications to your child (including asthma pumps, paracetamol, prescribed medications).

The academy will be unable to administer medicine unless you complete and sign this form. Medicines must be in the original container as dispensed by the pharmacy. If more than one medicine to be given, a separate form should be completed for each one.

Your child should not keep any medications in their bags (apart from epipens or equivalent and asthma pumps)

Where possible, if your child is prescribed one, your child should have an asthma pump/epipen both in their bags and at Reception

.....

Date:

Child's Name and Surname:

Name of medicine:

Strength of Medicine:

Expiry date of medicine:
(please leave blank until September)

Dose to be given:

When to be given:

Length of treatment:

Any other information (ie known side effects):

Number of tablets given to academy:

Daytime number of parent:

Name and Phone Number of GP:

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Parent's / Guardian's signature:

Relationship to child:

Print Name:

Date: