

Appendix 3

Parental Agreement to Administer Medicine

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

Date for review to be initiated by

Name of academy

Name of child

Date of birth

Group/class/form

Medical condition or illness

Medicine

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

Expiry date

Dosage and method

Timing

Special precautions/other instructions

Are there any side effects that the Academy needs to know about?

Self-administration – y/n

If Yes does the school agree that the child is competent to self administer

Procedures to take in an emergency

To be completed by the school

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details

Name

Daytime telephone no.

Relationship to child

Address

I understand that I must deliver the medicine personally to this named member of staff

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

Signature(s) _____

Date _____