



Parental Agreement for the Administration of Medication (supplied by the parent/carer)

Academy		
Student Name		
Date of birth		
Medical condition		
Name/type of medication		
Expiry Date		
Dosage and method		
Timing		
Special precautions/instructions		
Side effects that the Academy should be aware of		
Self-administration (please tick where applicable)	YES	
	NO	
Procedures in case of emergency		
Please note: Medicines must be in the original container as dispensed by the pharmacy and must include dosage instructions on or in the packaging.		
Name of parent/carer		
Emergency contact number	Home	
	Mobile	
	Work	
I understand that the medication must be delivered to:		



I confirm that the information I have included on this form is to the best of my knowledge accurate at the time of completion and I give consent to Academy staff to administer medication to my child in accordance with the Trust's Managing Medication 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 no longer required.

I accept that it is my responsibility to ensure that the Academy has sufficient medication and that the expiry date has not been reached. At the end of each term I will collect any unused medication from the Academy.

Signed	
Print Name	
Date	
Member of Academy staff receiving the medication	

