

Consent to Administer Medication

The Academy will not give your child medicine unless you complete and sign this form.

If more than one medicine is required a separate form should be completed for each one. Additional forms can be obtained from Reception or downloaded from the Academy's website.

Name of child	
Date of birth	
Medical illness or diagnosis	

Medicine

Name/type of medicine <i>(as described on the container)</i>		
Expiry date		
Dosage and method		
Timing		
Special precautions/other instructions		
Are there any side effects that the Academy needs to know about?		
Self-administration	Yes	No
Prescription/Non-Prescription	Prescription	Non-prescription

NB: Medicines must be in the original container/packaging

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	

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's policy.

Delete as appropriate:

- **Prescribed Medication:** 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.
- **Non-prescription medication:** I confirm that I have administered this non-prescription medication, without adverse effect, to my child in the past. I will inform the Academy immediately, in writing, if my child subsequently is adversely affected by the above medication.

Parent/Carer Signature _____

Date _____

Name (print) _____

Your answers will help us care for your child while s/he is at school. The information you give will be treated as confidential by all Academy staff.