

Appendix C – Green Park Village Primary Academy – Parental Agreement for Setting to Administer Medicines

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

Date for review to be initiated by

Name of academy/setting

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/setting needs to know about?

Self-administration – y/n

Procedures to take in an emergency

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

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

Signature(s)

Date