Kensworth CE Academy

DIOCESE OF ST ALBANS MULTI-ACADEMY TRUST

Parental Agreement to Administer Medicine in School

The school will not give your child medicine unless you have completed and signed this form:

Name of Child: .....

Date of Birth: ..... Class: .....

Medical condition or illness: .....

Medicine

Name/type of medicine: .....
(as described on the contained)

Expiry Date: ..... Duration of medicine: .....

Dosage and method: ..... Timing: .....

Special precautions/other instructions: .....

.....

Are there any side effects that the academy needs to be aware of?

.....

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 number: .....

Relationship to child: .....

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 in accordance with the Trust's policy. I will inform the academy immediately, in writing, if there are any changes in dosage or frequency of the medication or if the medication is stopped.

Signed: ..... Date: .....

Print name: .....

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Each dose of medicine given to be signed for and witnessed independently.

Medication dose	Date	Time	Signed	Witness	Parents signature