

REQUEST FOR ACADEMY TO ADMINISTER MEDICATION – Parent/Carer Consent Form

The Academy will not give your child medicine unless you complete and sign this form and it has been agreed by a First Aider.

Student Name.....

House..... Date of Birth.....

Condition or Illness.....

Medication (Name & Type).....
(Please ensure medication is in its original packaging displaying students name and prescribing doctor)

Dosage/Time/Method of medication.....

Date Dispensed.....How long will your child need to take this medication?.....

Self-Administered? YES/NO (please delete one)

Procedures/who to contact in an emergency.....
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Any other information.....
.....

Signed (Parent/Carer)..... Name.....

Relationship to student..... Date.....

Please be aware it is the Parents/Carers responsibility to inform the Academy of any illnesses/conditions/provide medication and ensuring it is in date /medical updates for students. It is not the Academy's responsibility.