

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 the Lead First Aider. The Academy is not obliged to administer medication.

Student Name.....

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

Condition or Illness.....

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

Dosage/Timings/Method.....

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

Self-Administered? YES/NO (please delete as appropriate)

Procedures/who to contact in an emergency.....
.....

Special precautions/any other information.....
.....

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

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

All medication along with this consent form must be handed over to Reception staff on arrival at the Academy.

Please be aware it is the Parents/Carer's responsibility to inform the Academy of any illness/condition/medical update and to provide medication, ensuring it is in date. It is not the Academy's responsibility.