

**Appendix 3**



**Parental Agreement for Five Islands Academy to Administer Medicine**

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

Date for review to be initiated by	
Name of child	
Date of birth	
Year Group/Tutorial Group	
Medical condition or illness	

**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 school/setting needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	

**NB: Prescribed medicines must be in the original container as dispensed by the pharmacy**

**Contact Details**

Name

Daytime telephone no.

Relationship to child

Address

Name:

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 Five Islands Academy staff administering medicine in accordance with the Academy's policy. 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.

In addition, I acknowledge that it is my responsibility to ensure medication is in-date and to collect and if necessary replace any expired medication.

Signature(s)

Date