**Priory Belvoir Academy– Parental Agreement for academy staff to Administer Medicine**

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

|  |
| --- |
|  |
| Priory Belvoir Academy |
|  |
|  |
|  |
|  |

Date for review to be initiated by

Name of Academy

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

Number of doses handed in to academy

Start date to administer the medication

Finish date- the date when you would

require us to stop administering.

Are there any side effects that the academy

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**

**Priory Belvoir Academy- Parental Agreement for academy staff 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 staff can administer medicine.

**Contact Details**

|  |
| --- |
|  |
|  |
|  |
|  |
| (Agreed member of staff) |

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 the academy staff administering medicine in accordance with the academy 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.

Signature(s) Date