

**AGREEMENT TO ADMINISTER**

**NON-PRESCRIBED MEDICINES TO STUDENTS**

*Parental agreement for the Academy to administer occasional non-prescription medicines (to be provided by the student’s parent/carer) during the normal school day or on school visits/journeys.*

**Please note:** the Academy will not give your child medicine unless this form is completed and signed.

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| --- | --- |
| Date: |  |
| Student’s name: |  |
| Group/Class/Form: |  |
| Name and strength of medicine\* |  |
| How much to administer: |  |
| When to be given: |  |
| Any other instructions: |  |
| Name and daytime phone no of parent/adult contact: |  |
| Name and phone no of GP: |  |
| Agreed review date to be initiated by Ms Astles |  |

*\* Paracetamol tablets are usually 500mg per tablet/capsule*

I confirm that I have administered the above without adverse effect to my child in the past.

I give consent to Academy staff to administer paracetamol or the above medicine in accordance with the Academy policy.

I will inform the Academy immediately, in writing, if my child subsequently is adversely affected by paracetamol or the above medicine.

Parent/Carer’s signature:

Print name:

Please return to Ms Astles – Medical Room/Student Services