

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.

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

Principal: Mr K Patrick MEd

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