

Parent/Carer Agreement for school to administer prescribed medication

School Name	Ipsley CE RSA Academy
Principal	Nicola Beech

Pupil Details:

Name of Pupil	
Date of Birth	
Year / Tutor Group	
Medical Condition Medication Required for	

Medication Details:

Name of Medicine (as described on container)	
Date Dispensed	
Expiry Date	

Administration:

Dosage & Method					
Day (please tick)	Monday	Tuesday	Wednesday	Thursday	Friday
AM Timing (please enter)					
PM Timing (please enter)					
Duration					
Side Effects					
Special precautions					

Contact Details:

Name	
Relationship to Pupil	
Daytime phone numbers	
Address	

TERMS AND CONDITIONS

- Prescribed medication will only be given if this form is correctly completed and handed into the office/reception staff with the medication needed.
- It is the pupil's responsibility to remember to come to the First Aid room at the correct time to take the medicine.
- Pupils are to collect and take home the medicine at the end of each day, unless agreed otherwise.
- All medication not collected by the end of each term will be correctly disposed of, unless agreed otherwise.

CONSENT:

- I understand that I must deliver the prescribed medicine personally to the office/reception staff and that medicine should be in the same container as dispensed by the pharmacy.
- The above information is to the best of my knowledge accurate at time of writing and I understand that I must notify the school of any changes in writing using this form.
- I undersign consent to the administration of the prescribed medicine as detailed above:

Parent/Legal Guardians Name	
Parent/Legal Guardians Signature	
Date	