

**Parental Agreement for Setting to Administer Medicine**

The school is not able to administer any medication unless the following form is completed and signed by the parent or carer.

Name of School/Setting	St John's CE Academy, Grove
Name of Child	
Date of Birth	
Class	
Medical Condition or Illness	

**Medicine:**

Name/Type of Medicine (as described on container)	
Expiry Date	
Time to be administered	
Dosage	
Special precautions/other instructions	
Are there any side effects that school should be aware of?	
Self-Administration	<b>YES/NO</b>
Emergency Procedures	<b>Dial 999</b>

**NB: Medicines must be in the original container as dispensed by the pharmacy.**

**Contact Details if different from school records:**

Name	
Daytime Telephone Number	
Relationship to child	
Address	

**Please ensure all medication is handed to a member of St John's Staff by an adult.**

The above information is to the best of my knowledge, accurate at the time of writing. I accept that this is a service which the school is not obliged to undertake. I have read the above conditions relating to medicine at St John's CE Academy and I recognise the school's disclaimer of responsibility with respect to the administration of any medicine.

Print & Signed (Parent/Carer) \_\_\_\_\_ Dated \_\_\_\_\_

**If your child refuses to take the medication you will be contacted immediately.**

