

This form must only be completed by parents/guardian

Parental agreement for the Academy to administer PRESCRIBED medicine – short term

Form MM2

Administer Prescribed Medicines in Academy SHORT-TERM

(Short term use e.g. pain relief, hayfever, antibiotics etc.)

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

If more than one medicine is to be given a separate form should be completed for each one.

The Academy will not give your child medicine unless you complete in full and sign this form in the presence of one of the first aid staff.

Name of Academy	The Burgess Hill Academy
Name of child	
Date of birth	
Year Group/tutor	
Medical condition or illness that this medication is for:	
List any other medicines your child may be also taking.	

Medicine

Name/type of medicine (as described on the container)	
Date dispensed/prescribed	
Expiry date on container	
Review date (if applicable)	
Dosage and method	
Timing	
Special precautions	
Are there any side effects that the Academy needs to know about?	
Procedures to take in an emergency	

Contact Details

Name	
Daytime telephone no.	
Relationship to child	

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.

Date: Signature of Parent/Carer:

Staff Use only:

Name of medical room staff present: