

**This form must only be completed by parents/guardian**

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

**Form MM1**

**Administer Non-Prescribed Medicines in Academy**

(Short term use e.g. **standard** paracetamol, ibuprofen, hayfever relief, travel sickness)

Please note that pain relief can only be given for a maximum of 48 hours unless prescribed by doctor/hospital – form MM2)

**Note: Medicines must be in the original container as purchased.**

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 <i>(as described on the container)</i>	
Date dispensed/purchased	
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	

I accept that this is a service that the Academy is not obliged to undertake.

I understand that I must notify the Academy of any changes in writing.

Date: ..... Signature of Parent/Carer: .....

*Staff Use only:*

Name of medical room staff present: .....