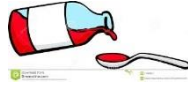


POUND HILL INFANT ACADEMY



Parental agreement for the Academy to administer medicine

Pound Hill Infant Academy will not give your child medicine unless you complete and sign this form. The Academy in line with The University of Brighton Academy Trust has a policy that staff can administer prescribed medicine.

Name of School:	Pound Hill Infant Academy
Name of Child:	
Class:	
Male or Female:	
Date of Birth:	
Class:	
Medical Condition / Illness:	
Medicine:	
Name/Type of Medicine (as described on the container):	
Date dispensed:	
Expiry date:	
Agreed review date to be initiated by Welfare Support Assistant	
Dosage and method:	
Timing:	
Special Precautions:	
Signs and symptoms:	

Are there any side effects that the academy/setting needs to know about?	
Self-Administration:	Yes / No (Delete as appropriate)
Procedures to take in an Emergency:	
Contact Details:	
Name:	
Daytime Telephone Number:	
Relationship to child:	
Address:	

I understand that I must deliver the medicine personally to a member of the support staff e.g. Welfare Support Assistant and accept that this is a service that the academy are not obliged to undertake.

Children with asthma. I agree to my child being given the academy inhaler if required in an emergency.

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

Date:

Parental /

Guardian

Signature(s):

Relationship to

child:

Signature of

Academy Member

of Staff:
