POUND HILL INFANT ACADEMY

Parental agreement for the Academy to administer medicine

By completing this form you provide the necessary permission for us to administer your child's prescribed medication in line with The University of Brighton Academy Trust's policy.

Name of School:	Pound Hill Infant Academy
Name of Child:	
Class:	
Male or Female:	
Date of Birth:	
Medical Condition/Illness:	
Medicine:	
Name/Type of Medicine (as described on the container):	
Date dispensed:	
Expiry date on medication:	
Start date to give medication in the Academy:	
Last date to give medication in the Academy:	
Dosage and method:	
Timing of medication to be given in the Academy:	
Special Precautions/notes:	
Signs and symptoms:	

Are there any side effects that the academy needs to know about in relation to this medication?	
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 Academy staff and that I must notify them of any changes in writing.

Parental/Guardian Signature(s):	
Relationship to child:	
Signature of Academy Member of Staff:	
Date:	