

FORM 3B
Parental Agreement for Lynch Hill Enterprise Academy to administer medication

Lynch Hill Enterprise Academy will not give your child any medication unless you complete and sign this form

Student's Name	
Date	
House/Reg Group	
Name & strength of medicine	
Expiry Date	
How much to give (dose)	
When to be given	
Any other instructions	
Number of tablets/quantity given to Academy	

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

Daytime phone no. of parent/carer	
Name and phone no. of GP	
Agreed review date to be initiated by (name of member of staff)	

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to Lynch Hill Enterprise Academy staff administering medication 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.

Parent/Carer signature:	
PRINT NAME:	
Date:	

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