

Parental agreement for Academy to administer medication

The Academy will not administer medicines unless you complete this form in full and sign. Medication will only be accepted if:

1. Dispensed medication
 - is in its original container/box/bottle with a pharmacy label and students name
 - pharmacy label confirms dosage, administration and storage instructions
 - Parental agreement for Academy to administer medicine has been received
2. Non - dispensed medication
 - It is in its original container/box/bottle and clearly labelled with students name
 - dosage and frequency instructions
 - parental agreement for Academy to administer medicine has been received

If more than two medicines are to be given an additional form should be completed.

Name of Student		DOB	
Medical condition or illness			
MEDICATION ONE			
Name of medicine (as described on container)			
Date commenced			
End Date			
Dosage, strength and method of administration			
Frequency of dose /time to be given			
Special precautions			
Side effects (If yes, please give details)			
MEDICATION TWO			
Name of medicine (as described on container)			
Date commenced			
End Date			
Dosage, strength and method of administration			

Frequency of dose /time to be given	
Special precautions	
Side effects (If yes, please give details)	
Parent/Carer Contact Details	
Name	
Daytime Telephone Number	
Relationship to student	
I confirm that my child is taking no other medication other than is listed above <i>If yes, please use Further Information</i>	YES/NO
I confirm that if my child is taking more than one medication that these medications do not adversely interact with each other <i>If no, please use Further Information</i>	YES/NO
I confirm it is my responsibility to deliver medications to the Academy	YES/NO
The above information is accurate and I give consent for an appropriately trained Academy staff to administer medicine in accordance with the 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 Name	
Further Information	