



Parental agreement to administer non-prescription medication

I agree to the Academy administering the following non-prescription medicines, which may be reasonably required to be administered to my child for health reasons from time to time.

[Insert details of non-prescription medications held and administered at the Academy - e.g.]

• Paracetamol	Yes	No
•	Yes	No
•	Yes	No

I confirm that my child has not suffered an adverse reaction to the above mentioned medications in the past.

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to the Academy's staff administering medicine in accordance with the Academy's policy. I will inform the Academy immediately, in writing, if there is any change.

Signature(s)

Date