



Parental agreement for setting to administer medicine

The Academy will not give your child medicine unless you complete and sign this form, and the Academy has a policy that the staff can administer medicine.

Date for review to be initiated by	
Name of Academy	E-ACT Blackley Academy
Name of child	
Date of birth	
Group / class / form	
Medical condition or illness	
Medicine	
Name / type of medicine (as described on the container)	
Expiry date	
Dosage and method	
Timing	
Special precautions / other instructions	
Are there any side effects that the Academy needs to know about?	
Self-administration	Yes <input type="checkbox"/> No <input type="checkbox"/>
Procedures to take in an emergency	
NB: Medicines must be in the original container as dispensed by the pharmacy	
Contact details	
Name	
Daytime telephone number	
Relationship to child	



Address	
I understand that I must deliver the medicine personally to	Miss Gemma Spence or the school office

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to Academy staff administering medicine in accordance with the Academy's 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.

Signature(s)

Date