NOTTINGHAM GIRLS' ACADEMY

FORM B: Parent/Carer Agreement for Academy to Administer Prescription Medicine

Please complete this form, giving all details, if you wish to give permission for the Academy to administer prescribed medicine to your child. NB - the Academy will only administer medicine if the GP requires it to be administered during the school day

Pupil's name: .....

Year/Tutor group: .....

Parent/carers name: .....

Telephone number: .....

Named Staff: ……..

Name of Medication: ……

Possible side effects of the medication (if any): .....
……..

I have provided all necessary additional information about my child's needs as outlined below or attached to this document and all necessary equipment e.g. syringes, spoons

Dosage, timing, with or without liquids, before or after a meal, method of administering, storage

I give my permission for named staff at the above Academy to give my child prescription medicines in accordance with the Academy policy for the management of medication.
I confirm that the medicine and equipment I have provided has been prescribed by a GP or other qualified professional, dispensed by a pharmacist and is in date and in its original container
I have read and understood the Academy Policy for the Management of Medication

Signed:..... (Parent / carer)

Signed:..... (Academy staff)

Date: .....