



Agreement for Etonbury Academy to administer medicine

Etonbury will not give your child medicine unless you complete and sign this form, and the policy that allows staff to administer medicine is adhered to.

| | |
|------------------------------|--|
| Name of child | |
| Date of birth | |
| Form / Class | |
| Medical condition or illness | |

Medicine

| | |
|---|--|
| Name/type of medicine <i>(as described on the container)</i> | |
| Expiry date | |
| Dosage and method | |
| Timing | |
| Special precautions/other instructions | |
| Are there any side effects that the school needs to know about? | |
| Self-administration – y/n | |
| Procedures to take in an emergency | |

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details

| | |
|---|------------------------------------|
| Name | |
| Daytime telephone no. | |
| Relationship to child | |
| Address | |
| Medication will be handed in at | Reception |
| Permission to give emergency medication | Yes No |

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) _____ Date _____