

Etonbury Academy

Pupil's Full Name:

Class:

Date of Birth:

I _____ the parent/carer of the above named child with the Principal of Etonbury Academy or a deputy nominated by him to administer medicine to my son/daughter/ward in accordance with the official instructions supplied therewith and in consideration thereof, I hereby undertake to supply the necessary medicine and instructions to the Principal and to indemnify and hold harmless the Principal/his deputy and Central Bedfordshire Council against any claim of any nature whatsoever arising from the administration of the medicine.

Signature of Parent/Carer: Date:

Name of medicine:	
Exact dosages:	
Exact times when medicines should be administered:	
Dates when medicines should be administered:	
Name of Doctor/ Person who prescribed medicine:	