



Parental agreement for Newquay Junior Academy to administer medicine

The academy will not give your child medicine unless you complete and sign this form, in order to comply with our policy for staff to administer medicine.

Name of school/setting	Newquay Junior Academy
Date	
Child's Name	
Group/Class	
Name and strength of medicine	
Expiry Date	
How much to give (ie dose to be given)	
When to be given	
Any other instructions	
Number of tablets/quantity to be given in the setting	

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

Daytime phone number of parent or adult contact	
Name and phone number of G.P	
Agreed review date to be initiated by (Add name of staff member)	

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 policy. I will inform the academy immediately, in writing, if there is any change in dosage or frequency of the medication, or if the medication is stopped.

Parent/Carer's signature _____

Print name _____

Date _____