Sapere Aude

Administration of Medicine

Med P A

Parental Agreement for the Administration of Medication

Pupil details:			
Name of pupil:		Date of birth:	
Medical condition or illness:			

Medicine (please ensure student's name and dosage are clearly displayed on the container)			
Name/type of medication (as described on the container):			
Date dispensed:		Expiry date:	
Dosage & method:		Timing/s:	
Special precautions:			
Side-affects Academy needs to be aware of:			
Is the medicine to be self-administered:	Yes ☐ No ☐	If no please provide details: *	
Procedures to take in an emergency:			

Contact details:			
Name:		Relationship to child:	
Telephone number:		Mobile telephone number:	
I understand that I must deliver the medicine personally to the Academy and accept that this is a service that the Academy is not obliged to undertake. I understand that I must make note of the expiry date of the medication and ensure that further supplies are provided prior to the expiry date. I understand that I must notify the Academy of any changes, to medication or dosage, in writing			
Signed:		Date:	

**Please note: Academy staff are not allowed to administer medication without prior training*