



Joseph Swan Academy



Parent/Carer Agreement to Administer Medicine

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| Name of child: | |
| Date of birth: | |
| Tutor group: | |
| Medical condition or illness: | |

Medicine

| | |
|---|---------------------------|
| Name/type of medicine: <i>(as described on the container)</i> | |
| Date dispensed: | |
| Expiry date: | |
| Agreed review date to be initiated by: | (Name of member of staff) |
| Dosage and method: | |
| Timing: | |
| Special precautions: | |
| Are there any side effects that the Academy needs to know about? | |
| Self administration | Yes |
| Procedures to take in an emergency: | |
| Note: Medicines must be in the original container as dispensed by the pharmacy | |

Contact Details

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|--|---------------------------------------|
| Name: | |
| Daytime telephone no: | |
| Relationship to child: | |
| I understand that I must deliver the medicine personally to: | Mrs Atkinson – Administration Manager |

I accept that this is a service that the Academy is not obliged to undertake. I will inform the Academy immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

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|---------------------------|--|-------|--|
| Parent/Carer's signature: | | Date: | |
| Print name: | | | |