# Parallel Learning Trust – Kennington Park Academy Parental Agreement for Setting to Administer Medicine

Review date: July 2023

The school will not give your child medicine unless you complete and sign this form, and the Headteacher has a policy that the staff can administer medicine.

|  |  |
| --- | --- |
| Name of child |  |
| Date of birth |  |  |  |  |
| Medical condition or illness |  |
| **Medicine** |  |
| Name/type of medicine*(as described on the container)* |  |
| Expiry date |  |  |  |  |
| Dosage and method |  |
| Timing |  |
| Special precautions/other instructions |  |
| Are there any side effects that the school/setting needs to know about? |  |
| Self-administration – Yes or No |  |
| 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 |  |

I understand that I must deliver the medicine personally to the office and accept that this is a service that the school is not obliged to undertake.

I understand that I must notify the school of any changes in writing.

Signature(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_