

# Parallel Learning Trust – Kennington Park Academy

## Parental Agreement for Setting to Administer Medicine

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

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### Medicine

Name/type of medicine  
*(as described on the container)*

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Expiry date

--

Dosage and method

--

Timing

--

Special precautions/other instructions

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Are there any side effects that the school/setting needs to know about?

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Self-administration – Yes or No

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Procedures to take in an emergency

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

### Contact Details

Name

--

Daytime telephone no.

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Relationship to child

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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 \_\_\_\_\_