



Parental agreement for Horbury Academy to administer medicine (short-term)

Horbury Academy will not give your child medicine unless you complete and sign this form, and the Academy has a policy that the staff can administer medicine. You are also agreeing to other appropriate employees of the Local Authority (such as Home-School transport staff) to administer medicine if authorised to do so by the Academy.

Name of Academy	Horbury Academy
Name of child	
Date of birth	/ /
Group/class/form	
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	Mrs. C. Lofthouse
Dosage and method	
Timing	
Special precautions	
Are there any side effects that the school/setting needs to know about?	
Self administration	Yes/No
Procedures to take in an emergency	

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	Mrs. C. Lofthouse

I accept that this is a service that the school/setting is not obliged to undertake.
I understand that I must notify the school/setting of any changes in writing.
I understand that a non-medical professional will administer my child's medication, as defined by the prescribing professional only.

Date Signature(s)

Parental agreement for Horbury Academy to administer medicine (long-term)

The Academy will not give your child medicine unless you complete and sign this form, and the Academy has a policy that the staff can administer medicine. You are also agreeing to other appropriate employees of the Local Authority (such as Home-School transport staff) to administer medicine if authorised to do so by the school/setting.

Name of Academy	Horbury Academy
Date	/ /
Child's name	
Group/class/form	
Name and strength of medicine	
Expiry date	/ /
How much to give (<i>i.e. dose to be given</i>)	
When to be given	
Any other instructions	
Number of tablets/quantity to be given to school/setting	

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

Daytime phone no. of parent/carer or adult contact	
Name and phone no. of GP	
Agreed review date to be initiated by	Mrs. C. Lofthouse

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to Horbury Academy and other authorised staff administering medicine in accordance with the Academy's policy. 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.

I understand that a non-medical professional will administer my child's medication, as defined by the prescribing professional only

Parent/carer's signature _____

Print name _____

Date _____

If more than one medicine is to be given a separate form should be completed for each one.

Request for child to carry his/her own medicine

This form must be completed by parent/carers/guardian

If staff have any concerns discuss this request with healthcare professionals

Name of school/setting	Horbury Academy
Child's name	
Group/class/form	
Address	
Name of medicine	
Procedures to be taken in an Emergency	

Contact Information

Name	
Daytime phone no.	
Relationship to child	

I would like my son/daughter to keep his/her medicine on him/her for use as necessary.

Signed _____

Date _____

If more than one medicine is to be given a separate form should be completed for each one.

If more than one medicine is to be given a separate form should be completed

