



PARENTAL AGREEMENT FOR CHULMLEIGH ACADEMY TRUST TO ADMINISTER MEDICINE

Establishment

Notes to Parent / Guardians

Note 1: *This establishment will not give your child medicine unless you complete and sign this form and where the establishment has a policy that staff can administer medicine.*

Note 2: *All Medicines must be in the original container as dispensed by the pharmacy, with the young persons name, its contents, the dosage and the prescribing doctor's name*

Note 3: *The information is requested, in confidence, to ensure that the establishment is fully aware of the medical needs of your child. While no staff member can be compelled to give medical treatment to a young person, it is hoped that the support given through parental consent, the support of Chulmleigh Academy Trust through these guidelines and the help of the School Medical Service will encourage them to see this as part of the pastoral role. Where such arrangements fail it is the parents' responsibility to make appropriate alternative arrangements*

1. Prescribed Medication

Date	
Child's name	
Date of birth	
Group/class/form	
Name and strength of medicine	
How much to give (i.e. dose to be given)	
When to be given	
Reason for medication	
Number of tablets/quantity to be given to the establishment	
Time limit – please specify how long your child needs to be taking the medication	_____ day/s _____ week/s
I give permission for my son/daughter to carry their own	Yes / No / Not applicable

