



**The Grange Academy  
Wade Deacon Trust  
Parental agreement for school to administer medicine  
Form A**



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

Name of school/setting	The Grange Academy
Name of child	
Date of birth	/ /
Group/class/form	
Medical condition or illness	
Daily care requirements (e.g. before sport/lunchtime)	
Describe what constitutes an emergency for the child, and action taken if this occurs	

**Medicine**

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

Name/type of medicine <i>(as described on the container)</i>	
Date dispensed	/ /
Expiry date	/
Agreed review date to be initiated by	Mrs E Hall
Dosage and method	
When to be given	
Any other instructions	
Timing	
Special precautions:	
Has this medicine been administered to the child before, without any adverse side effects?	Yes or No Please give details if No:
Are there any side effects that the school/setting needs to know about?	
Self administration	
Procedures to take in an emergency	

**Contact Details**

Name	
Daytime telephone no.	
Relationship to child	
Address	
Who is the person to be contacted in an emergency (state if different for offsite activities)	
Name and phone no. Of GP	
I understand that I must deliver the medicine personally to	Mrs Waller, Mrs Drury, Mrs Antrobus, Miss Holland (in the Main Office)

I accept that this is a service that the school/setting is not obliged to undertake.

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to the school/setting staff (or my son/daughter) administering medicine in accordance with the school/setting policy. I understand that I must notify the school/setting in writing of any change in dosage or frequency of medication or if medication is stopped.

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