

## The Elms Academy - MedDoc1

### Parental agreement for school/setting to administer medicine

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	The Elms Academy
Date	
Student's name	
Year group and Tutor group	
Home address	
Name of medication and strength	
Expiry date of medicine	
How much to be taken (dose to be given)	
Procedures to be taken in an emergency (e.g. GP's and parent details)	

Name and parent / carer and relationship to student	
Daytime telephone number of parent or adult contact	

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Parent / Carer signature: .....

Parent / Carer name (please print): .....

Date: .....

