



Parental agreement for setting to administer non-prescription 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/setting	Aylesbury Vale Academy
Name of child	
Date of birth	
Form	
Medical condition or illness	

Medicine

Name/type of medicine	
Expiry date	
Dosage and method	
Timing	
Special precautions/instructions	
Are there any side effects?	
Self-administration?	
Procedures to take in an emergency	

*** Medicines must be in the original container***

Contact Details

Name	
Relationship to child	
Daytime telephone no.	

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school/setting policy. I accept that this is a service that the school is not obliged to undertake and I understand that I must notify the school of any changes in writing.

Signature(s) _____ Date _____