



## CVEA Parental agreement for the Academy to administer medicine

The Academy will not give your child medicine unless you complete and sign this form.

### Personal information

|                              |  |
|------------------------------|--|
| Name of child                |  |
| Date of birth                |  |
| Year group and form          |  |
| Medical condition or illness |  |

### Medicine

|   |  |
|---|--|
| Name/type of medicine<br><i>(as described on the container)</i>         |  |
| Expiry date   |  |
| Dosage and method   |  |
| Timing  |  |
| Special precautions/other instructions                                  |  |
| Are there any side effects that the school/setting needs to know about? |  |
| Self-administration – Yes/No  |  |
| Procedures to take in an emergency                                      |  |

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

### Contact Details

|   |                                    |
|---|------------------------------------|
| Name  |                                    |
| Daytime telephone no.                                       |                                    |
| Relationship to child                                       |                                    |
| Address   |                                    |
| I understand that I must deliver the medicine personally to | <b>Ms A Payne or Miss R Watson</b> |

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to Academy staff administering medicine in accordance with the Academy medical 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.

Parent/Carer Signature: .....

Date: .....