



**Parent/Carer Agreement for Self-Administration of Non Prescribed Medication – (Paracetamol / Ibuprofen)**

**Please complete this form, giving all details, if you wish to give permission for your child to self-administer medication.**

*Please use block print throughout*

Child's Name:		Year:	Form:
Address:			
Date of Birth:		Condition of illness:	
Name/Type of Medication: (as described on the container)		Storage requirements:	
How long does your child need to take medication:		Dosage and method:	
Timing of medication:		Date dispensed:	
Special Precautions:			
Possible Side Effects:			
Parent Emergency Contact Telephone No:			
Doctor:	Surgery:	Tel No:	
Procedure to take in an Emergency:			
Contact Details:			
Name:			
Daytime telephone number:			
Relationship to child:			
<p><b>Parent/Guardian Consent: I give permission for my child to self-administer the medication named above in accordance with advice from the Doctor/Pharmacist.</b></p> <p><b>Medication is to be handed to reception each day and secured in the office at all times. The named pupil will access medication at the appropriate times as stated above.</b></p> <p>Signed .....Print Name.....<b>Parent/Guardian</b></p> <p>Date .....</p> <p>Signed.....Print Name .....<b>N-B Academy Staff</b></p>			
<b>Notes:</b>			
<p align="center"><b>Please hand this form in at the Academy Reception together with your Non Prescribed medicine.</b></p>			