Noel-Baker Academy
A L.E.A.D. Academy

Parent/Carer Agreement for Self-Administration of Prescribed Medication

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:			
Parent/Guardian Consent: I give permission for my child to self-administer the medication named above in accordance with advice from the Doctor/Pharmacist. **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.** Signed ……Print Name……**Parent/Guardian** Date …… Signed……Print Name ……..**N-B Academy Staff**			
Notes:			
Please hand this form in at the Academy Reception together with your prescribed medicine.			