

Parental Agreement For School To Administer Medicine

The Streetly Academy needs your permission to administer medication to your child. Please complete and sign this form and return it to school with the medication.

Details Of Student

Full Name

Address

Date of Birth Form

Condition/Illness

Medication

Name of Medication

Date dispensed Expiry Date

Directions

Dosage and method

Time Before/After food Yes/No

Precautions/Side effects

Procedures to take in an emergency.....

.....

Contact Details

Name and relationship to student

Daytime Telephone Number

Address

I understand that I must deliver the medicine personally to a member of staff in reception and accept that this is a service the school is not obliged to undertake but does so as a "good-will" gesture.

Signature..... Date