

# Parental Agreement for the Academy Welfare Officer to Administer Medicine



We will not give your son/daughter medicine unless you complete and sign this form to allow the Welfare Officer to administer medicine

Date:	
Student's name:	
Tutor Group:	
Name and strength of medicine:	
Expiry date of medicine:	
Dosage	
When to be administered:	
Any other instructions:	
No of tablets or quantity given to Welfare Officer:	

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

Daytime Tel No of parent or adult contact:	
Name & Tel No of GP:	
Agreed review date to be initiated by Welfare Officer:	

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent for the Welfare Officer administering medicine in accordance with the Academy 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's signature:	
Print name:	
Date	

If more than one medicine is to be given a separate form should be completed for each one.