Parental agreement for Dereham Church of England Junior Academy staff to administer medicine

The school will not give your child medicine unless you complete and sign this form, and the school has a policy that the staff can administer medicine.

Date for review to be initiated by	
Name of school	Dereham Church of England Junior Academy
Name of child	
Date of birth	
Class	
Medical condition or illness	
Medicine	
Name/type of medicine (as described on the container)	
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 – y/n	
Procedures to take in an emergency	
NB: Medicines must be in the original	nal 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 the school office staff.	
give consent to school/setting staff admini	y knowledge, accurate at the time of writing and I stering medicine in accordance with the school v, in writing, if there is any change in dosage or cine is stopped.
Signature(s)	Date