



### Parental agreement for Spencer Academies staff to administer **emergency medication**

Name of child	
Date of birth	
Class	
Medical condition/illness	
Name of medicine	
Storage instructions	
Expiry Date	
Dosage	
Symptoms that would require emergency medication and when they are likely to occur	
Any circumstances when medication is to be administered as a preventative measure	

Precautions/other instructions			
Side effects of taking medication			
Action to take in the case of an emergency			
Can child self-administer	<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 50%;">YES</td> <td style="width: 50%;">NO</td> </tr> </table>	YES	NO
YES	NO		

Parent/ Carer name	
Relationship to child	
Contact number	
Second contact name	
Relationship to child	
Contact number	



The attached information is accurate at the time of completion and I understand that it is my responsibility to notify the academy of any changes in writing.

I understand that it is my responsibility to replace the emergency medication when the expiry date is reached

I understand that a responsible adult must deliver and collect the medication from the academy office and that my child **will not** be allowed to collect the medication themselves.

**Inhalers will be stored safely in the classroom to enable a quick response should they be needed**

I give consent for staff members of Spencer Academies Trust to administer emergency medication to my above named child in accordance with the details provided on this form.

Signature of parent/carer:

Date:

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**Office Use Only:**

Received by Office:	.....	.....	.....
	Print Name	Signed	Date

Received by Class Teacher:	.....	.....	.....
	Print Name	Signed	Date