



Parental agreement for Spencer Academies staff to administer medicine

Name of child	
Date of birth	
Class	
Medical condition/illness	
Name of medicine	
Amount delivered	
Storage instructions	
Expiry Date	
Dosage	
Time to be administered	

Precautions/other instructions		
Side effects		
Can child self-administer	YES	NO
Action to take in an emergency		

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

The above 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 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.

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

Signature of parent/carers:

Date:

Received by Office:

.....
Print Name

.....
Signed

.....
Date