



Meir Heath Academy

Principal: Mrs M Southern

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Administering Medication

Parental Agreement Form

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

Name of child

Date of birth

Group/class/form

Medical condition or illness

Medicine

Name/type of medicine
(as described on the container)

Expiry date

Dosage and method

Time/s administered at home

Time/s to be administered in school

Special precautions/other instructions

Are there any side effects that the school
needs to know about

Self-administration

YES

NO

Procedures to take in an emergency

NB: Medicines must be in the original container as dispensed by the pharmacy.

Contact Details

Name

Daytime telephone no.

Relationship to child

Address

The information overleaf is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy.

I will inform the school immediately if there is any change in dosage or frequency of the medication, or if the medication is stopped.

Signature(s) _____

Date _____