

Parental Agreement

for The Bridge Academy to hold/administer medicine

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

Name	
Contact telephone no.	
Relationship to child	
Address	

Medicine

Name/type of medicine <i>(as described on the container)</i>	
Expiry date	
Dosage and method	
Timing	
Special precautions/other Instructions	
Are there any side effects?	
Self-administration – y/n	
Procedures to take in an emergency	

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

Contact Details

Name of child	
Date of birth	
Medical condition or illness	

I understand that I must deliver the medicine personally to First Aid Department. The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) _____

Date _____