



PARENTAL AGREEMENT TO ADMINISTER MEDICINE AND DISCUSS MEDICAL CONDITIONS WITH ALL STAFF

The Centre Academy Schools are unable to administer medicine to your child unless this form is completed and signed. All members of staff who administer medicine are trained to do so.

Note: Medicines must be in the original container as dispensed by the pharmacy with clear instructions.

Student Name: _____

MEDICATION				
Name of Medication	Dosage	When to be administered	Expiry Date	Comments/Instructions

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to The Centre Academy School staff to administer medicine in accordance with the school's policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of medication or the medicine is stopped.

Parent/Carer Signature: _____

Print Name: _____

Date: _____