

Academy Way Gretton Road Corby Northamptonshire NN17 5EB

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Principal: Simon Underwood

Parental Agreement for Academy to administer medicine

The school/setting will not give your child medicine unless you complete and sign this form. The school/setting has a policy that trained staff within the Academy can administer medicine.

| Please complete this form in a black pen . | | | | |
|---|------|-------|------|-------------------------------------|
| SECTION 1 This section to be completed by parent/guardian | | | | |
| Name of Child D.O.B | | | | |
| Any known allergies? | | | | |
| I request and give permission for a trained member of school staff to administer to the above child the medication indicated below. | | | | |
| Name of parent (Please print) | | | | |
| Signature Date | | | | |
| | | | | |
| SECTION 2 This section to be completed by parent/guardian | | | | |
| I consider it necessary for the child above to receive during school hours the medication indicated | | | | |
| below. | | | | |
| Medication | Dose | Route | Time | Comments (e.g. storage/precautions) |
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| SECTION 3 This section to be completed by school staff | | | | |
| Date received Signature | | | | |
| Date discontinued Signature | | | | |