



King's Academy Easthampstead Park

Parental Agreement for the School to Administer Medicine (The school will not give your child medicine unless you complete and sign this form)

Administration of medication form

Name of child:

Date of birth:

Year Group:

Tutor Group:

Medical condition / illness:

Medicine

Name of medicine:
(as described on container)

Expiry date:

Dosage and method:

Timing:

Special precautions / other instructions:

Any side effects that the school needs to know about:

Self-administration - Y/N:

Procedures to take in an emergency:

NOTE: ALL MEDICINES MUST BE IN THE ORIGINAL CONTAINER AS DISPENSED BY THE PHARMACY

Contact Details

Name and Signature:

Daytime telephone number: