

Request for Academy to Administer Medication

The Academy will not give your child medicine unless you complete and sign this form, and unless the Principal agrees that the Academy staff can administer the medication.

Details of Pupil

Surname:

Forename:

Address: M/F

..... DoB:

..... Advisory Group:

Condition or Illness

Medication

Name/Type of Medication (as described on the container):

For how long will your child take this medication:

Date Dispensed:

Full Directions for Use

Dosage and Method:

Timing:

Special Precautions:

Side Effects:

Self-Administration:

Procedures to take in an Emergency:

Principal: Tim Clark
B.A. (Hons), MA, PGCE

Woodberry Grove, London N4 1SY
Phone 020 8800 7411 Fax 020 8809 1382
enquires@skinnersacademy.org.uk

Contact Details

Name:

Relationship to Student: Daytime Phone No:

Address:

.....

I understand that I must deliver any medicines personally to the Academy and accept that this is a service that the Academy is not obliged to undertake.

I acknowledge that

1. It is my child's responsibility to request medication at the appropriate times and that if no request is made, or my child refuses to take the medication, they will not be reminded/required to do so and that the Academy has no obligation to inform me of this.
2. It is my responsibility to bring in medicines once those held by the Academy have expired. I have made a note of the expiration dates so I can ensure that I do this.
3. It is mine and my child's responsibility to check with a first aider whether medication is running out so that I can bring in new supplies.

Name: Date:

Signature: Relationship to Student:

Countersigned:.....
Principal/Member of staff authorised by Principal

(If signed by member of staff other than Principal, member of staff to print their name below:
.....

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