



ORMISTON SIX VILLAGES ACADEMY



Parent/Carer consent to supervise medication

(where an Individual Healthcare Plan or Education Healthcare plan is not required)

The academy will not supervise your child's medicine unless you complete and sign this form, staff can supervise medicine as stated in the academy policy.

Date for review to be initiated by

Name of child

Date of birth

Tutor Group

Medical condition or illness

Medicine

Name/type of medicine
(as described on the container)

Expiry date

Dosage and method

Timing

Special precautions/other instructions

Are there any side effects that the academy needs to know about?

Self-Administration

YES

Procedures to take in an emergency

N.B. Medicines must be in the original container as dispensed by the pharmacy and the manufacturer's instructions and/or Patient Information Leaflet (PIL) must be included

Contact Details

Name

Daytime telephone no.

Relationship to child

Address

I understand that I must deliver the medicine personally to

Reception or Mrs T Hardman

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to academy staff supervising the taking of this medicine in accordance with the academy policy. I confirm that this medication has been administered to my child in the past without adverse effect. I will inform the academy immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) Parent/Carer

Date

This form is only to be used for medication prescribed by a GP or hospital