



# ORMISTON SIX VILLAGES ACADEMY

## Parent/Carer consent to supervise the taking of short-term non-prescribed medicines

The academy will not supervise medication unless this form is completed and signed. This information will be kept securely with your child's other records. If further information is needed we will contact you. Please do not hesitate to contact the academy if there are any issues you wish to discuss.

Pupils Name	D.O.B
Gender	Year/Tutor Group

The Medicines Policy permits the academy to supervise the taking of the following non-prescription medication if your child develops the relevant symptoms during the academy day. Pupils will be able to take a standard dose suitable to their age and weight. You will be informed when the academy has supervised the taking of the medication by email.

Dosage:

<input type="checkbox"/> Paracetamol	_____
<input type="checkbox"/> Ibuprofen (pupils age 12 and over)	_____
<input type="checkbox"/> Anti-histamine	_____

What the medication is to be used for: \_\_\_\_\_

**Tick the non-prescription medications above that you have provided to academy to supervise during the academy day and confirm that you have administered these medications in the past without adverse effect. Please keep the academy informed of any changes to this consent. Medication must be in a box clearly labelled with the pupils name and the Patient Information Leaflet (PIL) must be included.**

\_\_\_\_\_  
Signature(s) Parent/Carer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name