



**CAISTER ACADEMY**  
*Creative Education Trust*  
School of Literature  
and Performing Arts

## Parental Agreement for Caister Academy to Administer Medication

In order for staff to administer medication to students we will need signed parental consent. Unless this form is completed and signed, we will not be able to give your child medication. Following our school's policy all medication must be delivered to the attendance office in the original container as dispensed by the pharmacy.

|                                                             |  |
|-------------------------------------------------------------|--|
| <b>Student Name</b>                                         |  |
| <b>Date of Birth</b>                                        |  |
| <b>Year Group</b>                                           |  |
| <b>Form</b>                                                 |  |
| <b>GP Details<br/>(Dr's Name and<br/>Telephone no.)</b>     |  |
| <b>GP Surgery</b>                                           |  |
| <b>Medical condition/Illness<br/>(Long term/Short term)</b> |  |

### Medication

|                                                         |  |
|---------------------------------------------------------|--|
| <b>Name/Type of medication<br/>(As directly stated)</b> |  |
| <b>Expiry date</b>                                      |  |
| <b>Dosage and method</b>                                |  |
| <b>Times required</b>                                   |  |
| <b>Possible side effects</b>                            |  |
| <b>Procedures to take in an<br/>emergency</b>           |  |
| <b>Additional instructions</b>                          |  |

## Parental Contact Details

### First Contact

|                              |  |
|------------------------------|--|
| <b>Name</b>                  |  |
| <b>Daytime telephone no.</b> |  |
| <b>Relationship to child</b> |  |
| <b>Address</b>               |  |

### Second Contact

|                              |  |
|------------------------------|--|
| <b>Name</b>                  |  |
| <b>Daytime telephone no.</b> |  |
| <b>Relationship to child</b> |  |
| <b>Address</b>               |  |

The information above is, to the best of my knowledge, accurate at the time of writing and I give consent for school staff to administer medication in accordance with the school policy. I will inform the school immediately, in writing, if there are any changes in dosage or frequency of medication.

**Signature:** \_\_\_\_\_

**Print name:** \_\_\_\_\_

**Date:** \_\_\_\_\_