



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.

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

Medication

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

Parental Contact Details

First Contact

Name	
Daytime telephone no.	
Relationship to child	
Address	

Second Contact

Name	
Daytime telephone no.	
Relationship to child	
Address	

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: _____