

# Parent/Guardian/Carer consent to administer a Over-the-Counter (OTC) medicine during the school day

The school will not administer any medication to your child unless you complete and sign this form, and the school has a policy that the staff can administer medication.

## Personal Information

Name and Address of School	Jewellery Quarter Academy, 1 Albion Street, Birmingham, B1 3AA	Attach photo of child here
Name of Child		
Child's Date of Birth	/ /	
Child's Form Class		
Medical condition (if any)		

## Medicine Information

Name of Medicine	
Amount of Medicine Received	
Expiry Date on the original container	/ /
Time and Dosage of medication	
Reason for Medication	
Potential side effects	
Procedures to take in an emergency	
How long does your child need the medication for?	

**Medicines must be in the original container as dispensed by the pharmacy**

## Parent/Guardian/Carer Contact Information

Name	
Daytime telephone number	
Relationship to Child	

I understand that I must deliver the medicine personally to JQA Medical Lead

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

<span>Staff Signature</span>	<span>Parent Signature</span>	/ /
Staff Signature	Parent Signature	Date