

Parent/Guardian/Carer consent to administer a prescribed 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.

| | | |
|-----------------|------------------|------|
| Staff Signature | Parent Signature | / / |
| Staff Signature | Parent Signature | Date |