



## Request for the Archer Academy to administer medication

The Archer Academy cannot administer medicine to your child, or allow your child to self-medicate, unless you complete and sign this consent form. The medication has to be prescribed by a medical professional and the Headteacher or a member of the Senior Leadership Team has to agree that this can be administered. Parents are responsible for ensuring that medication is within expiry date. Medication that has expired will be disposed of. A separate form is required for each medicine.

Please return this form to Mrs Card, Medical & Welfare Officer, in Lower School or Mrs Lamhandaz, Medical & Welfare Officer, in Upper School or alternatively please email to [Office@Thearcheracademy.org.uk](mailto:Office@Thearcheracademy.org.uk)

### Details of Pupil

Surname: ..... Form: .....

Forename: .....

Address: .....M/F.....

.....DoB: .....

Condition or Illness: .....

### Medication

Medicine must be in the original container as dispensed by the pharmacy and it must be in date, labelled and state dosage instructions. Medicine which does not meet these criteria will not be administered.

A maximum of one academic year's supply of the medication may be provided to the school at one time.

Name/type of medication (as described on the container): .....

.....

Date dispensed: .....

For how long will your child take this medication: .....

Dose, frequency and timing: .....

Special precautions: .....

Side effects: .....

Any other instructions: .....

.....



Procedures to take in an emergency: .....

.....

Name and phone number of GP: .....

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Contact phone numbers of parent/carer: .....

Signature parent/ carer.....

Date: .....

Print Name.....



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**For internal use:**

**Headteacher / SLT authorisation for the administration of medicine.**

It is agreed that..... will receive (quantity and

name of medicine) .....

every day at (time) .....

(Name of Child) ..... will be given/supervised whilst

he/she takes their medication by (name member of staff) .....

This arrangement will continue until (either end date of course of medicine or until

instruction by parents).....

Date.....

Signed.....

Name..... (named member of SLT / Headteacher)