

Abbey View Primary Academy

Kennedy Avenue, High Wycombe, Bucks HP11 1BX

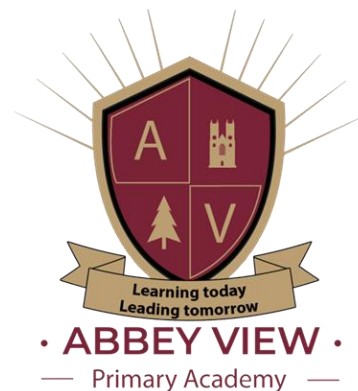
Principal: Ms. M. Mirza

Tel.: 01494 939830

Email: office@avpa.school

Twitter: <https://twitter.com/AVPASchool>

Web: www.abbeyviewprimaryacademy.org



Parental agreement for academy to administer prescription medicine

The academy will not give your child prescription medicine unless you complete and sign this form:

Date _____

Child's Name _____

Class _____

Condition or illness _____

Name and strength of medicine _____

Expiry date _____

How much to give (i.e. dose to be given) _____

When to be given _____

Any other instructions _____

Any possible known side effects _____

Number of tablets/quantity to be given to academy _____

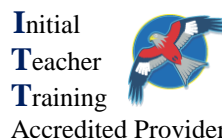
Note: Medicines must be in the original container as dispensed by the pharmacy, with the prescriber's instructions.

Daytime phone no. of parent or adult contact and relationship to child _____

2nd Contact number _____

Name and phone number of GP _____

Address of GP Surgery _____



Agreed review date _____

For children with diagnosed asthma ONLY

I give permission for the school emergency inhaler to be used in any emergency (where my child's inhaler is empty, broken or expired, for example)

Parent's signature: _____ Print Name: _____

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to academy staff administering medicine in accordance with academy policy. **I will inform the academy immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped. I will be responsible for checking the expiry dates on the medication.**

Parent's signature: _____ Print Name: _____

If more than one medicine is to be given a separate form should be completed for each one.

FORM 4

Confirmation of the Principal's agreement to administer medicine

Name of academy: ABBEY VIEW PRIMARY ACADEMY

It is agreed that your child will receive the medication as per the instructions overleaf.

This arrangement will continue until instructed by parents/carers.

Signed: _____

Date: _____

This medicine was returned to the parent/carers.

Date returned: _____

Returned by (staff member): _____

Parent signature: _____