

Abbey View Primary Academy

Kennedy Avenue, High Wycombe, Bucks HP11 1PZ

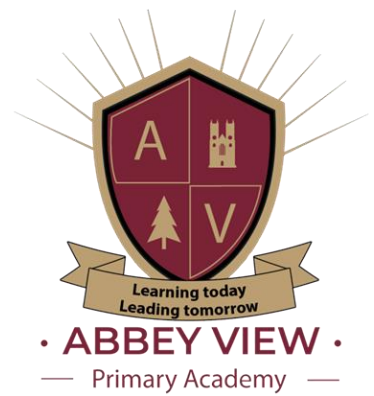
Principal: Ms. M. Mirza

Tel.: 0800 206 2244

Email: AVPAinfo@cvpa.school

Twitter: @AbbeyView

Web: www.abbeyviewprimaryacademy.org

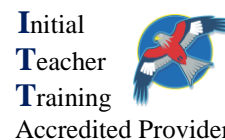


Non- Prescription Medication Form

Parental agreement for the Academy to administer non-prescription medication. **The Academy will not give your child non-prescription medicine unless you complete and sign this form.**

Name of academy	
Date	
Child's Name	
Class	
Primary Contact number	
Relationship to the child	
Condition or illness	
Name and strength of medication	
Expiry date	
Dose to be given	
When to be given	
Any other instructions	
Possible known side effects	
Has your child taken this medication before without any side effects?	Please circle either: Yes or No
Quantity in bottle/number of tablets given to the academy	

Name of GP	
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GP's contact number	
GP's address	
Agreed review date	

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

Parent's signature: _____ Date: _____

Print name: _____

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

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 agreement will continue until instructed by parents/carer.	
Principal:	
Principal: signed:	Date:

Notification of returned medication to parent/carer	
Date returned	
Returned by staff member	
Parent/carer print name	
Parent/carer signature	