

# Granville Academy



Burton Road, Woodville, Swadlincote, Derbyshire, DE11 7JR  
 Phone: (01283) 216765 Fax: (01283) 552934 E-mail: enquiries@granvilleacademy.co.uk  
 Principal: Mrs J Kingswood, B.Ed.(Hons), MA, NPQH

## Form 5

### Parental Consent for Administration of Medicines in the Academy

Name \_\_\_\_\_ Year \_\_\_\_\_ Form \_\_\_\_\_

**To be completed by the parent/carer of any child who requires drugs to be administered under the supervision of staff, or where a child is bringing medicine into the Academy which they will self-administer.**

If you need help to complete this form please contact the Academy.

**Please complete in block letters**

Name of Child \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address \_\_\_\_\_

Doctor's Name \_\_\_\_\_

**Prescribed Medicines**

The doctor has prescribed (as follows) for my child:

Name of drug or medicine to be given and any special storage instructions:	When drug should be administered (e.g. lunchtime, after food, when wheezy, before exercise)	How much? (e.g. half a teaspoon, 1 tablet, 2 drops)	Route drug to be administered (e.g. by mouth, or in each ear)

**Please do not detach this section. Leave blank if no medication required.**

**Non-Prescribed Medicines:**

My child requires the following non-prescribed medicines:

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In the paragraph below please delete the sections that are in bold as appropriate

(Child's name) \_\_\_\_\_ **can administer his/her own medication/requires supervision to administer his/her medication/requires assistance in administering his/her medication**

If your child requires supervision could you tick the boxes to say you agree with the following:

- I request that the treatment be given in accordance with the above information by a named member of the academy staff who has received all necessary training. I understand that it may be necessary for this treatment to be carried out during educational visits and other out of school activities, as well as on the academy premises.
- I undertake to supply the academy with the drugs and medicines in the original duplicate labelled containers provided by the dispensing chemist.
- I accept that whilst my child is in the care of the school club, the academy staff stand in the position of the parent and that the academy staff may, therefore, need to arrange any medical aid considered necessary in an emergency, but I will be told of any such action as soon as possible.

I can be contacted at the following address/telephone during academy hours:

**Name** \_\_\_\_\_

**Contact Address** \_\_\_\_\_

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**Contact Telephone Number/s** \_\_\_\_\_

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_