

Paignton Academy – Waterleat / Borough Road – TSAT - Administration of Medicines in School Consent Form.

The Academy will not give your child medicine unless you complete and sign this form. The Academy is not obliged to undertake this service.

DETAILS OF PUPIL

Surname: _____

M/F: _____

Forename(s) _____

DOB: _____

Address: _____

Condition/Illness _____

Name and contact details of GP _____

Class/Form _____

MEDICATION

Name/Type of Medication (as described on the container) _____

Number of Pills received in School

For how long will your child take this medication: _____

Date dispensed: _____

Expiry Date: _____

Full Directions for use:

Dosage and method: _____

Timing: _____

Special

Precautions: _____

Side Effects: _____

Self

Administration: _____

Procedures to take in an Emergency: _____

CONTACT DETAILS:

Name(S): _____

Daytime Telephone No(S): _____

Relationship to Pupil _____

Address: _____

Date: _____

Signature(s): _____

PRINT NAME: _____

Relationship to Pupil: _____