

**Pupil Medical Form**

**PARENTAL AGREEMENT FOR THE ACADEMY TO ADMINISTER MEDICINE (if necessary)**

*Please note that all medications must be in the original packaging. In accordance with Department of Health guidelines we are unable to administer* ***ibuprofen or aspirin*** *based medication to pupils under 16 years of age, unless it has been prescribed by a Medical Practitioner and we have evidence to support this.*

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| **PERSONAL DETAILS** |
| Pupil Name: | Tutor Group: |
| Parent/Carer Name:  | Relationship to Child: |
| Signature: | Date:  |
| Contact Telephone Number: |  |

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| **MEDICAL CONDITIONS** |
| Does your child suffer from any medical conditions? | YES/NO – If yes, please specify: |

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| Does your child take any regular medication **at home**? If so, please give details below: |
| **NAME OF MEDICATION** | **DOSAGE** | **FREQUENCY/TIME TAKEN** |
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**Medication to be held by the Academy**

If you require us to hold medication in the Academy for a child, please complete the section below. This includes paracetamol to be held for occasional use e.g. headaches, stomach aches etc.

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| Name of Medication: |  |
| Date Treatment Started (if applicable): |  |
| Dosage/Frequency/Times: |  |
| Any other Special Instructions: |  |
| Expiry Date: |  |

I will deliver the medicine (with this completed form) to Reception and collect any remaining medication when the course is finished or medication has expired.

I accept the Academy has the right to refuse to administer medication.

I understand that I must notify the Academy, in writing, of any changes to the above.

By signing this form, I can confirm that I give consent for my child’s IHCP and/or medical form to be stored electronically (password protected) on the confidential SIMS database and the restricted drive.

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| Signature: | Date: |