

PARENT/CARER REQUEST FOR OUTWOOD ACADEMY VALLEY TO ADMINISTER MEDICATION

The administration of medication will not be undertaken by Outwood Academy Valley unless it would be detrimental to your child's health if the medication were not administered during the Academy day. Outwood Academy Valley will only accept medication prescribed by a GP, Dentist, Nurse Prescriber or Pharmacist Prescriber in the original prescribing container (as prescribed by the pharmacist) and include the prescriber's instruction for administration. Non prescribed medication will not be administered and should not be brought into school. As parent/carer you must fully complete and sign this form in order for the Principal to agree to First Aid administering your child's prescribed medicine.

Student Name Year/VMG/Country.....

Date of Birth Medical Condition/Illness

Name/type/strength of Medication.....

Expiry Date of Medication.....

Dosage and time to be given.....

Amount of Medication brought into school
(One week's supply ONLY for controlled drugs)

How long will your child take this medicine

Daytime phone No. of Parent/Carer

**I understand that I must deliver the medicine personally to RECEPTION/FIRST AID and accept that this is a service which the Academy is not obliged to undertake. I also understand that I must collect any unused/expired medicines at the end of each term, otherwise they will be disposed of using the appropriate method.
The above information is, to the best of my knowledge accurate at the time of writing and I give consent to the school staff administering medicine in accordance with the School's Medicine Policy.**

Signed: Date:

It is agreed thatwill be supervised whilst taking their medication in the First Aid room as per instructions from parent/carer.



Mr D Cavill
Associate Principal



Dr. P. Smith
Executive Principal