William Morris Way, Tadpole Garden Village, Swindon, SN25 2PP

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**Parental agreement for setting to administer medicine**

GWA will not give your child medicine unless you complete and sign this form

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Student Name** |  | | **Tutor Group** | |  |
| **Date of Birth** |  | | **Tutor** | |  |
| **Address** |  | | | | |
| **Medical diagnosis / condition** |  | | | | |
| **Date** |  | **Review Date** | |  | |

**Medicine**

|  |  |
| --- | --- |
| **Name/type of medicine**  **(as described on the container)** |  |
| **Expiry date** |  |
| **Dosage and Method** |  |
| **Timing** |  |
| **Special precautions / instructions** |  |
| **Are there any side effects which GWA should know about?** |  |
| **Self Administration (Y/N)** |  |
| **Procedures to be taken in case of emergency** |  |

**Family Contact Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** |  | | | |
| **Phone (Home)** |  | | **Mobile** |  |
| **Relation to child** | |  | | |
| **I understand that I must deliver the medicine personally to Ms Sparrow** | |  | | |

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to GWA staff administering medicine in accordance with the school/setting policy. I will inform GWA immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) Date