



APPENDIX 5: Parental agreement to administer non-prescription medication

Pupils Name: _____ **Year:** _____

I agree to the Academy administering the following non-prescription medicines, which may be reasonably required to be administered to my child for health reasons from time to time.

Royton & Crompton

Paracetamol:	Yes	No
Ibuprofen:	Yes	No
Other: Please give details.		

I confirm that my child has not suffered an adverse reaction to the above mentioned medications in the past.

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to the Academy's staff administering medicine in accordance with the Academy's policy. I will inform the academy immediately if there is any change.

Name: _____

Relationship to child: _____

Signed: _____

Date: _____