THE HESSLE ACADEMY

STUDENT MEDICAL DETAILS FORM

PARENTAL AGREEMENT FOR SCHOOL TO ADMINISTER PRESCRIBED MEDICATION

This form must be completed and signed before we can administer your child's prescribed medication.

Student Name:		**Tutor Group:**	
Date of Birth:		**Relationship to Student:**	
Duration:	Short Term / Long Term	**Prescribed by Doctor:**	Yes / No / N/A

Medical diagnosis or condition:	
Name/type of medication: *(as described on the container)*	
When to be administered / dosage? *(please enter time if relevant)*	
Any other instructions:	
Are there any side effects that we need to be aware of?	
What procedures need to take place in an emergency?	

For Long Term Prescriptions, we will contact you to schedule a review.	
For Short Term Prescriptions, the end date will be a month from today's date.	
Date medication returned to parent:	
Signed: *(Parent/Guardian)*	
Name of above: *(Parent/Guardian)*	
Do you have Parental Responsibility?	Yes / No
Date:	

For Office use only	Date received:		By Whom:		Passed To:	ANJ / BOE
Staff Member to review with parent in line with the Supporting Learners with Medical Conditions Policy.						