

Form PA1

Parental agreement for authorised person to administer medicine

This form must be completed if your child is able to administer his/her own medication. Once complete, please return to Susan Ploetz, Develop, 15 Doolittle Mill, Froghall Road, Ampthill, MK45 2ND for Bedfordshire courses or Pete Mason, 4 Barton Way, City Office Park, Carrow Road, Norwich, NR1 1DL for Norwich courses. Please note, we need to receive this form at least two weeks before the course starts.

Name of Course _____
Name of Child: _____
Date of Birth: _____
Medical condition/illness: _____

Medicine

Name/Type of Medicine (as described on the container): _____
Date dispensed: _____
Expiry date: _____
Dosage and method: _____

Timing: _____
Special Precautions: _____
Are there any side effects that the school/setting needs to know about? _____
Procedures to take in an Emergency: _____

Please complete both sides of the form.

PTO

Contact Details

Name: _____

Daytime Telephone No: _____

Relationship to Child: _____

Address: _____

I understand that I must deliver the medicine personally to the authorised person and accept that this is a service that Develop is not obliged to undertake.

I understand that I must notify Develop of any changes in writing.

Date: _____

Signature(s): _____

Relationship to child: _____