



**Outwood Academy Hasland Hall**  
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Lead Principal: Mr Steve Roberts  
 Principal: Mr Ian Cooper

**Parental agreement to administer medicine**

Childs' Name	Date of Birth
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Address

Date	Name of Person Who brought it in	Name of Medication	Amount Supplied	Individual Health Care plan completed (Y/N + date)	Expiry Date	Dosage regime (Dose and time to be given)

Please provide reason for medication and any allergies we need to be aware of

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

Name and strength of medicine	
Expiry date	/
Quantity returned	
Name of person returned to	

Signature of parent/carer \_\_\_\_\_ Staff signature \_\_\_\_\_

Date \_\_\_\_\_

Outwood Grange Academies Trust, a company limited by guarantee registered in England and Wales with company number 06995649.  
 Registered office address: Potovens Lane, Outwood, Wakefield, West Yorkshire WF1 2PF.  
 VAT number: 158 2720 04. Outwood Grange Academies Trust is an exempt charity.  
 A list of Directors' names is open to inspection at our registered office.