**MAIDENHILL SCHOOL**

 **Parental Agreement for the school to Administer Medicine**

The school’s policy is that we do not supply medication to students without written permission from the parent/carer.

Please complete in BLOCK CAPITALS

|  |  |
| --- | --- |
| **Student Name** |  |
| **Tutor Group** |  |
| **Name of Medicine** |  |
| **Expiry Date** |  |
| **Dosage** |  |
| **When to be Given (time)** |  |
| **When to be Given (circumstances)** |  |
| **Any Other Instructions** |  |

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| **Note: Medicines must be in the original container and in date**  |

If more than one medicine is to be given a **separate** form should be completed for each one.

Medication that is out of date will be disposed of and will not be given to the student.

I give consent to the school staff to administer the medication in accordance with the School Policy.

I will inform the school in writing immediately if there is any change in dosage or frequency of the medicine.

I confirm that the student has previously taken the above medication with no allergic or other adverse reaction.

|  |  |
| --- | --- |
| **Parent/Carer’s Signature** |  |
| **Print Name** |  |
| **Date** |  |
| **Year Student Due to Leave (Office Use Only)** |  |