PARENTAL AGREEMENT FOR SCHOOL TO STORE AND ADMINISTER MEDICATION

Notes:	Please note that Wallington High School for Girls does not store medicine for your child unless this form is completed, signed and returned to school. **Medicine must be in its original container, with original instruction leaflet, clearly marked with your child's name, tutor group, and expiry date.**

Student's Name:	DOB:
Tutor Group:	
Medical illness or condition:	

Medicine: One sheet per medication

Name / type of medicine (as described on the container):	
Date dispensed:	Expiry date:
Dosage and method:	Timing:
Special precautions:	Recognised side effects:
Self-administration?	Yes ___ No ___
Procedures to take in an emergency:	

Contact Details:

Name:
Contact telephone number:
Relationship to student:
Address:

Declaration

I understand that I must deliver the medicine to Reception for the attention of the First Aid Officer.

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy.   I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped. **I will collect the medicine at the end of the course / upon expiry date and dispose of it safely, supplying replacements where needed.**

Name of Parent / Carer: **Please print name in capital letters.**	
Signature (Parent / Carer):	Date: