

# Form 2: Parental agreement for school setting to administer medication at King Charles I School

## Prescription medication

Student's Name: ..... Year/tutor group:.....

Date: .....

Name and strength of medication: .....

Expiry date: .....

How much to administer (i.e. dose to be given): .....

Times to be given: .....

Any other instructions: .....

Number of tablets/quantity to be given to school: .....

Daytime phone number (Parent/Carer): .....

Name and phone number of GP: .....

Agreed review date to be initiated by: .....

**Note: Prescribed medicines can only be accepted if they are in date, labelled, provided in the original container as dispensed by the pharmacy and include instructions for administration, dosage and storage.**

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering prescription medicines 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.

If more than one prescription medicine is to be given a separate form is to be completed

## Non-prescription medication

I give consent to school staff administering the following non-prescription medicines in accordance with the school policy: Ibuprofen / Paracetamol (***please delete as appropriate***)

I will inform the school immediately, in writing, if there is any change to this consent to administer non-prescription medicines.

Parent/carer's signature: .....

Print name: .....