

Parental agreement for Torpoint Community College to administer medicine

The College will not give your child medicine unless you complete and sign this form; and the school or setting has a policy that staff can administer medicine.

Date
 Child's name
 Group/class/form
 Name and strength of medicine
 Expiry date
 How much to give
 (i.e. dose to be given)
 When to be given
 Any other instructions
 Number of tablets/quantity to
 be given to school/setting

Note: Medicines must be in the original container as dispensed by the pharmacy stating dosage/frequency and expiry date.

Daytime phone no. of parent
 or adult contact

Name and phone no. of GP

Medication will be reviewed at the end of each term and can be collected or will be destroyed if no longer needed.

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

Parent's signature

Print name

Date

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