

**Parental agreement for Mowbray School to administer medicine, for both prescribed and Over the Counter (OTC) medication**

Mowbray School will not give your child medication unless you complete and sign this form

<b>School Name</b>	MOWBRAY SCHOOL, MASHAM ROAD, BEDALE
<b>Date</b>	
<b>Name of child</b>	
<b>Form Group</b>	

**MEDICINE INFORMATION**

<b>Reason for medication (If pain relief- please describe symptoms for administration)</b>	
<b>Name (as described on the container)</b>	
<b>Expiry date</b>	
<b>Dosage to be given</b>	
<b>Timings of administration</b>	
<b>Special precautions/other instructions</b>	
<b>Are there any side effects that the school should be aware of?</b>	
<b>Self-administration? Y/N</b>	
<b>Start Date</b>	
<b>End date (If long term please write long term)</b>	

**NB: Medicines must be in the original container as dispensed by the pharmacy or the shop purchased from, with your child's name clearly written on it. A foil of tablets is NOT acceptable. We also can not accept this form without a reason given.**

**In the event of an emergency school staff will follow the relevant medical procedures that are in place.**

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to Mowbray School staff to administer medicine in accordance with school policy. I will inform the school immediately, in writing, if there is any change of dosage/frequency etc or if the end date changes.

<b>Name</b>	
<b>Signature</b>	