

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

School Name	MOWBRAY SCHOOL
Date	
Name of child	
Form Group	

MEDICINE INFORMATION

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

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.

Name	
Signature	