

PARENTAL AGREEMENT TO ADMINISTER MEDICINE

Please note: All medicines must be in the original container as dispensed by the pharmacy stating dosage/frequency and expiry date.

Student's name

Name and strength of medicine

Expiry date

Dose and time to be given

Any other instructions

No of tablets/quantity to
be given to College

Medication will be reviewed at the end of the College Year 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 Medical Policy. I will inform the College immediately, in writing, if there is any change in dosage, frequency, or the medicine is to be stopped.

Parent/guardian signature

Print name

Date

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