

**Parental agreement for Cambourne Village College to administer medication****Form 1****Complete for prescribed or over the counter medication**

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

Name of pupil:

Date of birth:

Tutor group:

Medical condition or illness:
Symptoms:
Medication and strength:
Expiry date of medication:
Dosage and method of administration:
Any precautions or side effects:

All medication must be in date, in original packaging, clearly labelled with name, administration directions and expiry date.

**Emergency Contact Details:**

Name:	Name:
Relationship:	Relationship:
Contact number:	Contact number:
Mobile number:	Mobile number:
Doctor's name and number:	

Any other relevant information:
---------------------------------

**I understand that I must deliver the medication to the main office/reception for the first aiders. The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to the school staff to administer medicine that I supply in accordance with the School's Medicines in Schools policy. I will inform the school immediately, in writing, if there is any change in the above information. Medication no longer needed or out of date will be collected. Any medication remaining at the end of the year will be collected.**

**Parent/carer's signature:**

**Print name:**

**Date:**