



Parental Agreement for Cambourne Village College to administer medicine

Complete for prescribed medication only

Name of Pupil:

DOB:

Tutor Group:

Male/Female

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

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

Emergency Contact Details:	
Name:	Name:
Relationship:	Relationship:
Contact Number:	Contact Number:
Mobile Number:	Mobile Number:
Doctors name and telephone number	
Other relevant information (continue over if needed)	

I understand that I must deliver the medication to the main office for the first aider. 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 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 Medication no longer needed or out of date will be collected.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.

Signature:

Date: