

DETAILS OF STUDENT

Name:

Date of birth:

Mentor group:

Medical condition/illness

PARENTAL CONSENT TO ADMINISTER NON PRESCRIBED MEDICATION IN SCHOOL

Non prescribed medication will be administered for a **maximum of 48 hours**.

MEDICINE

Name/type of medicine

Day 1: Time last dose administered at home

Time and dosage to be administered at school:

Day 2: Time last dose administered at home

Time and dosage to be administered at school:

3 main side effects as detailed on manufacturer's instructions or PIL (patient information leaflet)

a) b) c)

Self- administration **YES/NO**

Procedures to take in an emergency.....

CONTACT DETAILS

Name

Daytime Telephone Number

Relationship to Student

I am aware that each day I must inform the school when I last administered the medication, and that this medication can only be administered for a maximum of 48 hours and I understand if symptoms persist, beyond this time I should seek medical advice from the GP.

Request to administer a different not prescription medication for the same condition, WILL NOT be repeated for two weeks after the initial episode and not for more than two episodes per term. This is in line with County policy.

Signature

Date