



# EDGBARROW SCHOOL

## PARENT/CARER MEDICINE CONSENT FORM

This form **MUST** be completed and signed by parent / carer when any medication is used in school. All medication should be handed into reception, where it is safely stored. It is the responsibility of your child to come to the reception at the correct time to use their medication.

<b>Student Name</b>			
<b>Date of Birth</b>		<b>Tutor Group</b>	
<b>Address</b>			
<b>EMERGENCY CONTACT DETAILS</b>			
<b>Parent/Carer 1</b>		<b>Parent/Carer 2</b>	
<b>Home</b>		<b>Home</b>	
<b>Mobile</b>		<b>Mobile</b>	
<b>Work</b>		<b>Work</b>	
<b>GP / Surgery</b>			
<b>Tel No.</b>			
<b>I give consent for my child to self administer the following medication in school</b>			<b>YES / NO</b>

Name of Medication	Dose	Time to be taken	Medication only to be given when required	Expiry Date
<b>Details of Medical Condition</b>				

**Edgbarrow School Policy – Medication in School**

Edgbarrow School must only accept medication for students if the following is present:

- Medication must be in its **original container**
- **Name** of medication
- **Dose** of Medication
- **Expiry date**
- **For prescribed medication – Name of student on Pharmacy sticker**
- **Fully completed** and **signed** Parent Consent Form

<b>Signed Parent / Carer</b>		<b>Date</b>	
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*Please note it is parents / carers responsibility to check and renew out of date medication and inform school about changes to medical condition / medication.*