



THE CORBET SCHOOL

PARENTAL AGREEMENT FOR SCHOOL TO ADMINISTER MEDICINE

Your son/daughter may need to take some form of medication on a long-term basis or for a short period of time covering a particular condition.

The Corbet School will not give your child medication unless you complete and sign this form; it must also be in the original packaging as dispensed by the Pharmacy.

Please complete this form and return to the school office with the medication.

Please note that for general Health and Safety reasons other than Asthmatic Inhalers and in other agreed exceptional circumstances all medication must be supplied to the school office for safe keeping.

Date: _____

Pupils Name: _____

Tutor Group: _____

Medical Condition/Illness: _____

Medicine

Name of medicine (as described on container): _____

Expiry Date: _____

Dosage: _____

When to be given: _____

Are there any side effects the school need to know about? _____

Please delete where applicable whether you permit for your child to return home with their medication when appropriate (i.e. at the end of the course):

*I do give permission for my child to bring their medication home

*I do NOT give permission for my child to bring their medication home

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 medication. I will inform the school immediately in writing if there is any change in dosage or frequency of the medication.

Parents/Guardians Signature: _____ **Print Name:** _____