

**REQUEST TO HOLD STUDENTS' MEDICATION** Date \_\_\_\_\_

The College will not give your son/daughter medicine unless you complete and sign this form, and the Headteacher has agreed that College staff can administer medication.

**DETAILS OF STUDENT**

Surname \_\_\_\_\_ Forename(s) \_\_\_\_\_

Male/Female (please cross off) Date of Birth: \_\_\_\_\_ Form: \_\_\_\_\_

Condition or illness :

**MEDICATION**

Name/Type of medication (as described on the container) :

For how long will your son/daughter need to take this medication?

\_\_\_\_\_ (insert dates)

Dosage and method: \_\_\_\_\_

Procedures to take in an emergency:

**CONTACT DETAILS**

Name: \_\_\_\_\_ Daytime Telephone No: \_\_\_\_\_

Relationship to Pupil: \_\_\_\_\_

Do you need to speak to the school nurse about this matter? Yes ( ) no ( ) Please tick

I understand that my son/daughter must deliver the labelled medicine personally to the College Office and accept that this is a service which the College is not obliged to undertake. I will notify the College in writing of any changes to the medication and ensure it is suitably labelled. I understand that it is my responsibility to replace out of date medication and failure to do so may prevent medication being administered.

Date: \_\_\_\_\_ Signature(s): \_\_\_\_\_

For School use only

Pupil has a medical care plan ( ) Medical care plan in process ( ) No medical care plan required ( )

Recorded on SIMS yes ( ) no ( ) Date

Staff signature \_\_\_\_\_ Date