

Medication Arrangements

Pupil Name: **Tutor:**

1. Proprietary medicines

Children over 16 may self medicate. Where children are under 16 parental consent for self medication is required, including use of preparatory medicines such as paracetamol and ibuprofen. If parents wish the school to administer medicines consent is also necessary.

Either I would like my son/daughter to keep the following medicines on him/her for use as necessary (please detail below)

Or I give permission for my child to receive paracetamol or proprietary paracetamol based products such as cold/flu relief in accordance with school policy.

Signed: _____ Date: _____

2. Prescribed medicines (complete only if appropriate)

If your child will be taking prescribed medicines during the trip please give details below. Medicines should always be provided in the original container as dispensed by the pharmacist and include the prescriber's instructions.

Medical condition or illness _____

Name of Medicine: _____

Date dispensed: _____ Expiry date: _____

Dose: _____ When to be given: _____

Are there any side effects / special instructions the school needs to know about?

Administration Instructions and Consent (please delete as appropriate)

The above information is, to the best of my knowledge, accurate at the time of writing.

Either

I would like my son/daughter to keep his/her medicine on him/her for use as necessary.

Or

I give consent to school staff to administer the medicine in accordance with school policy and the above instructions.

Signed: _____ Date: _____