



South Dartmoor Community College

Balland Lane | Ashburton | Devon | TQ13 7EW

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PARENTAL AGREEMENT TO ADMINISTER MEDICINE

Notes to Parent / Guardians

Note 1: The academy will allow your child to take medicine for the **first day only** on receipt of a note from you, or verbal consent, giving full instructions on dosage and timings. After this time, the academy will only give your child medicine upon receipt of this form, completed in full and signed by you, in accordance with the academy's 'Policy for Supporting Students with Medical Conditions'.

Note 2: Prescribed medicines must be in the original container as dispensed by the pharmacy, with your child's name, its contents, the dosage and the prescribing doctor's name. Non-prescribed medicines are accepted by the academy and must also be in their original packaging, showing dosage instructions.

Note 3: This information is requested, in confidence, to ensure that the academy is fully aware of the medical needs of your child.

Medicine

Date	
Student's name	
Date of birth	
Tutor group	
Reason for medicine	

Name and strength of medicine (as described on the container)	
Expiry date of medicine	
How much to give (i.e. dose to be given)	
Time(s) to be given	
Special precautions/other instructions (e.g. to be taken with/before/after food)	
Are there any side effects that the academy should be aware of?	
Number of tablets/quantity supplied to the academy	
Time limit – please specify how long your child needs to be taking the medication	_____day/s _____week/s

I give permission for my son/daughter to carry their own asthma inhaler and manage its use	Yes / No / Not applicable
I give permission for my son/daughter to carry their own diabetes equipment and manage its use	Yes / No / Not applicable
I give permission for my son/daughter to carry their adrenaline auto injector for anaphylaxis (e.g. epipen)	Yes / No / Not applicable

Details of Person Completing the Form:

Name of Parent/guardian	
Relationship to child	
Daytime phone number	
Alternative contact in the event of an emergency	
Name and phone number of GP	
Agreed review date to be initiated by the Medical Officer	

I confirm that the medicine detailed overleaf has been prescribed by a doctor or deemed necessary by you to enable your son/daughter to access timetabled lessons.

I confirm that I give my permission for the nominated Medical Officer to administer the medicine to my son/daughter during the time he/she is at South Dartmoor Community College.

I confirm that I will inform the academy immediately, in writing, if there is any change in dosage or frequency of the medicine or if the medicine is stopped. I also agree that I am responsible for collecting any unused, in-date medicine. If medicine is out of date, I am happy for the academy to dispose of the supplies on my behalf.

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

Signature:

Print name:

Date: (Parent/Guardian/person with parental responsibility)