

## Parental agreement for Mowbray School to administer medicine, for both prescribed and Over The Counter (OTC) medication

Mowbray School will not give your child medicine unless you complete and sign this form, the school has a policy that the staff can administer medicine.

	Mowbray School, Masham Road, Bedale
Date	
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

### Medicine

Name/type of medicine <i>(as described on the container)</i>	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	

**NB: Medicines must be in the original container as dispensed by the pharmacy or place of purchase, with your child's name written on it, a foil of tablets is not acceptable.**

### Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that the escort or I, must handover the medicine to the school office.	Please tick box <input type="checkbox"/>

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to Mowbray school staff to administer medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s)

Date