



Hamstel Junior School Parental Agreement

Kingswood – Prescribed Medicines Form

Child's name: _____ Date of Birth: _____ Class: _____

Address: _____

Phone Number: _____ (you may be contacted to confirm when a previous dose was administered)

Person giving permission for the administering of the medicine listed below:

Name: _____ Parent / Carer / other adult (please specify): _____ Signature: _____

Date	Medical condition or illness	Name / type of medication (as described on the container)	Expiry date	Dosage, method and frequency	Amount and form supplied e.g. tablet/capsule/liquid	Special precautions / side effects/ other instructions	Self-administer Yes / No	Procedures to take in an emergency (if applicable)	Received by (staff member)

NB: Medicines must be in the original container as dispensed by the pharmacy

The school will only accept prescribed medicines that are **in-date, labelled, provided in the original container as dispensed by a pharmacist and that include instructions for administration, dosage and storage for your child.** (The exception to this is insulin which must still be in date, but will generally be available to schools inside an insulin pump, rather than in its original container). This form is to be completed when any medication is presented to school. It must be completed in ink; errors must not be written on or covered over. Dosage instructions must not be tampered with and must be presented in their original state. Parents cannot alter the dosage. The medication must have the full name and date of birth of the child it is intended for.

Please complete this form if your child has prescribed medication they need to take whilst on the school residential trip.

