



Hamstel Junior School Parental Agreement

Kingswood – Non-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	Condition <i>(reason why the medication is needed)</i>	Name / type of medication <i>(as described on the container)</i>	Expiry date	Dosage, method and frequency	Amount and form supplied e.g. tablet/capsule/liquid	Received by <i>(staff member)</i>

The school will only accept non-prescribed medicines that are **in-date, labelled and provided in the original container as purchased from a chemist and that include instructions for administration, dosage and storage.**

This form is to be completed when any non-prescribed medication is presented to the school for a trip. 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 be labelled (by the parent / carer) with the full name of the child it is intended for.

Unused medicines will be returned to the child's parent/carer.

