

## EDGBARROW SCHOOL PARENT/CARER MEDICINE CONSENT FORM

This form <u>MUST</u> be completed and signed by parent/carer when any medication is used in school. All medication should be handed into reception, where it is safely stored. It is the responsibility of your child to come to the reception at the correct time to use their medication.

Student Name							
Date of Birth					Т	utor Group	
Address							
EMERGENCY CONTA	ACT DETAI	LS					
Parent/Carer 1			F	Parent/Carer 2			
Home				Home			
Mobile				Mobile			
Work				Work			
GP / Surgery							
Tel No.							
Name of Medication		Dose	Time to be taken		Medication only to be given when required		Expiry Date
Details of Medical Co							
Edgbarrow School Policy – Medication in School  Edgbarrow School must only accept medication for students if the following is present:  • Medication must be in its original container  • Name of medication  • Dose of Medication  • Expiry date  • For prescribed medication – Name of student on Pharmacy sticker							
Fully completed and signed Parent Consent Form							
Signed Parent / Care	r				Date		

Please note it is parents/carers responsibility to check and renew out-of-date medication and inform school about changes to medical condition/medication.