



Parental agreement for college to administer short-term medication

Please complete one form per medicine

Norbury Manor Business and Enterprise College for Girls will *not give* your child medicine unless you complete and sign this form.

Child's name _____ Form group _____

Reason for medication eg headaches

Medicine

Note: Medicines must be in the original packaging or container as dispensed by the pharmacy

Name/type of Medicine (as described on the packaging/container)

Date dispensed _____ Expiry date _____

Dosage and Method _____

Time to be taken _____

Self-administration Yes/No

Special precautions/other instructions _____

Are there any side effects that the college should know about?

Declaration:

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to NMBEC staff administering medicine in accordance with the Healthcare Plan.

Parent/Carer's signature _____

Print name _____

Contact number _____

Date _____

Please return to Mrs Cobb at Norbury Manor Business and Enterprise College.