



Parental agreement for college to administer medicine

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 _____

Date of birth _____

Medical condition or illness

Medicine

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

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

Date dispensed _____ Expiry date _____

Dosage and Method _____

Timing _____

Self-administration Yes/No

Special precautions/other instructions _____

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

Procedures to be taken in an emergency? _____



G.P. Details

Name of G.P. _____

Name of Surgery _____

Address _____

Telephone number _____

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.

I will make note of the expiry date of the medication and replace it when it reaches expiry.

I will inform NMBEC in writing if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Parent/Carer's signature _____

Print name _____

Date _____

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

For NMBEC Use only tick what applies

Form sent to HOY

Student has EHCP

Extra support needed
for trips

Passport updated