

ALTRINCHAM COLLEGE

Parental Agreement for the Storage and Administration of Medicine

The School is not allowed to store or give your child medicine unless you complete and sign this form. It is the responsibility of parents and/or carers to ensure that all medicines are in the original container, as dispensed by the pharmacy, and are in date. If your son/daughter/ward requires medicine in school (including painkillers, anti-histamines, and inhalers) please complete all the details below and return to the School Office.

Please note that all students diagnosed with asthma **must** carry an inhaler in their bag, and a spare inhaler provided for school to keep at Reception.

General

Name of Child	
Date of Birth	
Year / Form	
Medical condition or illness	

Medicine (Medicine other than epi-pens and inhalers **must** be left at Reception, not be carried around school)

Name/type of medicine (as described on the container)	
Expiry Date	
Dosage / Method	
Timing	
Duration of Medication	
Special precautions / other instructions	
Are there any possible side effects of which school should be aware?	
Self-administered?	Yes / No [delete as appropriate]
Procedures to take in an emergency	

Your contact details

Name	
Daytime telephone number(s)	
Relationship to Child	
Home Address	

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent for school staff to administer medicine in accordance with the school policy. I will inform school, immediately and in writing, if there is any change in dosage or frequency of the medication, or if the medication is stopped.

Signature **(Parent/Carer)** **Date**