

Parental request for Frome College staff to coordinate the administration of medication

The College will not be able to administer your child with medicine unless you complete and sign this form. If the dosage or timings of the medication are changed, a new form should be submitted.

Child's information

Forename

Surname

Address

Tutor Group Date of Birth

Condition or illness

Medication

We recommend that sufficient medication for one week should be stored at College.

Name/type of medication (as described on container)

How long will your child take this medication?

Directions for use

Dosage

Timing

How given

Any known side-effects

How will College receive medication? By whom and when?

Any other relevant information

Authorisation

In making this request, I accept full responsibility for my child's welfare.

Date

Signature

Relationship to student

TO BE COMPLETED BY THE COLLEGE

I agree that will receive medication in accordance with the details above. This arrangement will continue until instructed otherwise by parents, using a fresh form.

Date

Signed Position