



Personal Information			
Name:		Form Group:	GP Name:
D.O.B:		Teaching Group:	
Address			GP Contact No:
Emergency Contact No:			

I request that my son/daughter (details given above) be given the following medication, which has been prescribed by a registered medical practitioner: *

Name of medication:	
Time(s) to be taken:	
Dosage to be taken:	
Method of administering:	

Start Date:	
End Date:	

Please read the following carefully before signing:

I understand that the medicines must be delivered personally by me to the Student Reception and that this is a service which is subject to the agreement with St. Bede's Catholic School & Sixth Form College. The above information is accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy. I acknowledge that school staff are not medical professionals and so can only follow the instructions which I have provided on this document. I also agree that it is the responsibility of my son/daughter to report to The Student Support Centre to receive their medication. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication. I accept that:

- Medication will not be administered by the school unless this authorisation is completed and signed by the parent/carer of the student.
- The Governors and Headteacher reserve the right to withdraw this service.
- This agreement must be renewed once the agreed end date is reached.
- All medication must be in the original containers.

* If your child requires over the counter medication e.g. paracetamol/ibuprofen please call to discuss.

Signature of student		Date	
Signature of parent		Date	
Signature of school representative		Date	

