

# WOOLSTON 6<sup>TH</sup> FORM COLLEGE

## PARENTAL AGREEMENT FOR COLLEGE TO ADMINISTER MEDICINE



The college will not give your son / daughter medicine unless you complete and sign this form, and the college has a policy that staff can administer medicine when trained to do so.

**Individual medication sheets to be completed for every medication to be administered.**

Name of College	WOOLSTON 6 <sup>TH</sup> FORM COLLEGE
Name of Student	
Date of Birth	
Form	
Medical condition or illness	
Any allergies?	
<b>Medicine</b>	
Name/type of medicine (as described on container)	
Date dispensed	
Expiry date	
Dosage and method ie, syringe, spoon, in a drink	
Timing	
Special precautions	
Are there any side effects that the college needs to know about?	
Procedures to take in an emergency	
<b>Contact Details</b>	
Name	
Daytime telephone number	
Relationship to Student	
Address	
I understand that the medicine must be delivered to college by myself or a named responsible adult.	

I accept that this is a service that the college is not obliged to undertake. I understand that I must notify the college of any changes in writing.

Date: .....

Signature: .....

Reviewed/ Checked by:		Date:	
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