St Albans Girls' School

Learning for Life in a Community where All can Excel

STUDENT MEDICATION PERMISSION FORM

St, Albans Girls' School will only administer your daughter/son's **medication if you complete this form in full, and sign** it. Please note: **All medication must be in the original container/packaging.** If original packaging not present, the school reserves the right to refuse to administer the medication, and return.

Student's name	
Form	
Date of birth	
Medical condition or illness	

Medication

Name of medication *(as described on the container/packaging)*	
Expiry date	
Dosage	
When to be given	
Any other special instructions or comments (e.g. known side effects)	

Emergency Contact Details

Name	
Daytime telephone no.	
Relationship to student	
Name and telephone number of GP	

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped. Although staff will endevour to ensure that medication is administered as requested, the school takes no responsibility for doses missed.

- I give/do not give permission for my daughter/son to bring home any medication, as and when required *(please delete as applicable)*

Signature _____ Date_____

(Parent/Carer)

For Office Use Only

Date Medication Returned/Disposed		Quantity Returned	
Staff Initials		Parent/Carer initials	

Record of Medication Provided by Parent/Carer

Date	Name of Medication	Amount and form supplied in	Expiry date	Dosage Regime

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Record of Medication Administered

Date	Time	Medication	Amount administered	Amount Remaining (approx)	Comments/ Side effects	Adminstered by (initials)