

## **Student Medication Permission Form**

St Albans Girls' School can only administer your child's medication if you complete this form in full, and sign it. Please note: All medication must be in the <u>original container/packaging</u> and must have at least 3 months before expiry.

Student's name			
Form			
Date of birth			
Medication requir	ed in school		
Name of medicine (eg name of antibiotic)			
Reason for taking (	eg throat infection)		
Expiry date			
Dose			
Timing			
Special precautions/other instructions			
Are there any side effects that the school needs to know about?			

Please complete the next medication section overleaf if your child requires more than one medication. Please discuss with our Student Healthcare Officer if there are more than two medications your child requires in school.

Medication required in school		
Name of medicine (eg name of antibiotic)		
Reason for taking ( eg throat infection)		
Expiry date		
Dose		
Timing		
Special precautions/other instructions		
Are there any side effects that the school needs to know about?		
mmediately, in writing, if there is any chang s stopped. Although staff will endeavour school takes no responsibility for doses miss  I give/do not give permission for many states.	to ensure that medication is aced.  y child to bring home any medic	dministered as requested, the
year or on completion of medication course	. We will dispose of uncollected	medication.
Signature		Date
(Parent/Carer)		
For Office Use Only		
	Quantity Returned	
Date Medication Returned/Disposed		
	I	
Staff Initials	Parent/Carer initials	