



Melbourn Village College The Moor Melbourn SG8 6EF

Authority for college to hold & administer prescribed medication

*This form **MUST** be completed and handed to the College Reception*

A separate form must be completed for each medication

Name of Pupil:	Form:
Date of Birth:	Male/Female

All medication must be in date, in its original packaging with the Patient Information Leaflet, and the prescription label clearly visible. Please also provide a copy of the protocol/action plan where available.

Medical condition/illness:
Brief description of symptoms:
Medication and strength:
Dosage and method of administration:
Time or circumstances when medication is to be administered:
Any side effects known/expected to be experienced by my child:
Expiry date of medication:

All medication must be in date, in its original packaging with the Patient Information Leaflet, and the prescription label clearly visible.

Any other relevant information:
Daytime phone number of parent or adult contact:

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to the school to hold this 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. I understand it is NOT the school's responsibility to check or notify me if medication has gone out of date. I will also be responsible for ensuring that there is an adequate supply of medication for my child whilst at school.

Parent's/Carer's signature
Print Name:
Date: