



## Melbourn Village College The Moor Melbourn SG8 6EF

### Request for pupil to carry their own 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:
Medication and strength:
Dosage and method of administration:
Any side effects known/expected to be experienced by my child:
Time or circumstances when medication to be taken:
Expiry date of medication:

Any other relevant information:
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Daytime phone number of parent or adult contact:
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I would like my child to keep their medicine on them for use as necessary. My child understands when their medication is to be taken and will ensure that it remains in their possession. I understand that the medication must be labelled clearly with my child's name. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication. If the medicine is stopped, I will confirm this to the school in writing and ensure that my child will no longer carry it with them. I understand it is **NOT** the school's responsibility to check if the medication has gone out of date.

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