The Radclyffe School
"Working Together for Excellence"

Parental/Carer consent to administer an 'over—the—counter' (OTC) medicine

- All over the counter (OTC) medicines must be in the original container.

- A separate form is required for **each medicine**.

- The school is unable to supervise your child's medication unless you complete and sign this form.

- The school has a policy that only staff who hold a current first aid certificate can administer medications

CHILD'S NAME	
CHILD'S DATE OF BIRTH	
RAD NUMBER AND PLG	
NAME AND STRENGTH OF MEDICATION	
EXPIRY DATE	
HOW MUCH (DOSE) TO BE GIVEN. FOR EXAMPLE: ONE TABLET ONE 5ML SPOONFUL	
AT WHAT TIME SHOULD MEDICATION BE GIVEN (please note, students are NOT permitted to leave class to take an OTC medication)	
REASON FOR MEDICATION	
DURATION OF MEDICINE Please specify how long your child needs to take the medication for	
Are there any possible side effects that the school needs to know about? If yes, please list them	

Mobile number of parent/carer

Daytime landline for parent/carer

Alternative emergency contact name

Alternative Emergency contact number

Name of child's GP practice

Phone Number of child's GP

practice

- I give my permission for the trained staff member to administer the prescribed medicine to my son/daughter during the time he/she is at school. 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 that it may be necessary for this medicine to be administered during educational visits and other out of school activities, as well as on the school premises.

- I confirm that the dose and frequency requested is in line with the manufacturer' instruction on the medicine

- I also agree that I am responsible for collecting any unused or out of date medicines and returning them to the pharmacy for disposal and supplying new stock to the school if necessary.

- The above information is, to the best of my knowledge, accurate at the time of writing.

Parent/carer name

Parent/Carer signature

Date