**MEDICATION REQUEST/CONSENT FORM – short term**

The college is unable to administer or supervise administration of your child’s medicine unless you complete and sign this form.

**Details of Student**

Surname Forename(s)

Date of Birth Year/tutor group: House:

Reason for medication

to be given: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Medication Details**:

**Parents must ensure that in date, properly labelled medication(s) are supplied. All medications should be in original packaging with students name clearly visible.**

Name of Medication and strength. (As described on the container)

Date Dispensed: Duration

Expiry Date:

**Directions of use**

How much to give:

When to be given:

**Any special instructions:**

**Contact Details:**

Name

Contact Numbers (1) (2)

Relationship to child

**I consent to college staff administering the medication in accordance with Bedstone College’s medication policy.**

**Parent’s/Carer’s signature ………………………………. Date………………..**

**Print Name:…………………………………………………………………………..**

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| --- | --- | --- | --- | --- |
| **Date** | **Medication** | **Dosage given** | **Time given** | **By whom** |
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