**MEDICATION REQUEST/CONSENT FORM – long 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

**Directions of use**

How much to give:

When to be given:

**Any special instructions:**

**ASTHMA INHALERS AND EPI PENS ONLY**: This student is capable of self-administration and may carry inhaler or Epipen® and self administer in school.

* Yes ⬜ No Signed…………………………. Date………………….

Number of tablets/quantity given to college =

**Contact Details:**

Name

Contact Numbers (1) (2)

Relationship to child

**The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to college staff administering the medication in accordance with Bedstone College’s medication policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency**

**of the medication or if the medication is stopped.**

**I understand that if the medication is long term, I will be requested to complete a new consent form every twelve months.**

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

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

If more than one medication is to be given a separate form should be completed for each.

Office use:

Date:

Medication received: Amount:

Signature of duty sister: