



The Elms Academy - MedDoc2

Parental agreement for student to carry his / her own prescribed medicine

Medicines in tablet or liquid form MUST be kept in the original container with the pharmacy prescription label on it – carrying one or two tables is not permitted.

Name of school	The Elms Academy
Date	
Student's name	
Year group and Tutor group	
Home address	
Name of medication and strength	
Expiry date of medicine	
How much to be taken (dose to be given)	
Procedures to be taken in an emergency (e.g. GP's and parent details)	

Name and parent / carer and relationship to student	
Daytime telephone 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 school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Parent / Carer signature:

Parent / Carer name (please print):

Date: