



# Magdalen College School

Parental agreement for school to administer prescribed medicine. Please supply clearly labelled medication with this form

The school will not give your child prescribed medicine unless you complete and sign this form. The school has a policy that trained staff can administer medicine. **Prescription medicines must be in the original container as dispensed by the pharmacy**

Name of School	Magdalen College School
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Student's Name	
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Date of Birth	
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Tutor Group	
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Medical Condition or illness	
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## MEDICINE

Name/type of medicine as described on container	
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Date dispensed	
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Expiry Date	
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Dosage and method	
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Timing	
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Special precautions	
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Are there any side effects that the school needs to know about?	
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Self administration	Yes/No (delete as appropriate)
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Procedures to take in an emergency	
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## CONTACT DETAILS

Name	
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Daytime telephone no	
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Relationship to student	
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Address	
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I understand that I must deliver the prescribed medicine personally to Student Services and accept that this is a service that the school is not obliged to undertake. I understand that I must notify the school of any changes in writing.

Signed: ..... Date: .....