



Parental Consent Form

To be completed by the parent/guardian of any young person to whom non-prescribed drugs/medicines may be administered under the supervision of school staff

If you need help to complete this form, please contact the School or the Health Visitor attached to your doctor's surgery.

Please complete in block letters

Name of Child/Young Person

Date of Birth:

Address:

.....

Medical Diagnosis/Condition/illness:

.....

Date:

Tutor Group:

Review Date:..... Expiry:

Date:.....

a) Name of Drug or Medicine. **(N.B. Aspirin and Ibuprofen can only be accepted if prescribed)**

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b) How often (e.g. Lunchtime? After food.)

c) Any other information

D) I agree that the school can dispose of the medication when it has expired Yes/No

Seahaven Academy
Southdown Road
Newhaven
East Sussex
BN9 9JL
t 01273 517601
f 01273 611182

I agree that I must deliver the medicine personally to student services. The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to the school staff administering medicine in accordance with their policy. 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 treatment to be carried out during educational visits and other out of school activities, as well as on the school premises.

I undertake to supply the school with the drugs and medicines in properly labelled containers in their original packaging and labelled with the student's name and tutor group.

I accept that whilst my child is in the care of the School, the School staff stand in the position of the parent and that the school staff may therefore need to arrange any medical aid considered necessary in an emergency, but I will be told of any such action as soon as possible.

I give my permission for my son/daughter to have the described medication administered in school in welfare or as detailed above.

Signed.....

Date.....