



**PRESCRIBED MEDICINES.**

**Parental Consent Form**

**To be completed by the parent/guardian of any young person to whom 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 ..... Tutor Group: .....

Date of Birth: .....

Address.....

.....

Medical Diagnosis/Condition/illness:

.....

Date: .....

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Doctor has prescribed (as follows) for my child:

a) Name of Drug or Medicine.

.....

**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.**

b) Special Instructions.....

c) Any other information .....

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

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**Principal: Mrs Shevlyn Byroo**

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**A separate form must be completed for each medicine.**

I accept 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 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/setting activities, as well as on the school premises.

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 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 at school in welfare or as detailed above.

Signed.....

Date.....

