



# Seahaven Academy

The best in everyone™

Part of United Learning

## Parental Consent form for child/young person to carry their own medication

This form must be completed by parents/carers

Name of Pupil: .....

Address: .....

.....

Medical Diagnosis or Condition: .....

Name of Medicine: .....

Procedures to be taken in an emergency: .....

.....

Expiry date .....

**Medicines will be sent in properly labelled containers in their original packaging and labelled with the student's name and tutor group.**

## Contact Information

Name: .....

Daytime telephone No: .....

Relationship to child/young person: .....

I would like to keep his/her medication on him/her for use as necessary Y/N

Signed: .....

Date: .....

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