



**St Edmund's Catholic School  
MEDICATION FORM**

**Parental agreement for School to store and supervise taking of prescribed/non prescribed medicines by pupils.**

**The School will not allow your child to take medicine unless you complete and sign this form.**

All medication must be stored in the First Aid room, pupils are not permitted to carry any medication. First Aiders will contact parents in the event that the child needs to take medication that has not been prescribed by a Doctor ie: paracetamol. If the Parent/Guardian is not available the pupil will not be allowed to take the medication.

Parents/Guardians will not be contacted if the medication is prescribed by a Doctor and is needed on a regular basis providing this form has been signed and submitted by the Parent/Guardian.

Pupil Name:	<input type="text"/>	DOB:	<input type="text"/>
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Tutor Group:	<input type="text"/>	Emergency Contact no:	<input type="text"/>
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Medical condition or illness:

Name/Type of medicine:

Dosage:

Timing:

Special precautions/any side effects:

Procedures to take in an Emergency:

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to St Edmund's Catholic School to supervise my child taking medication in accordance with the School policy. I understand that I must deliver the medicine personally to Reception and the medication will be kept locked in the First Aid Room.  
 I understand that the First Aiders **will not administer** any medication.  
 First Aiders will **only supervise** my child in taking the medication.  
 I agree that I am responsible for renewing the medication and keeping check on expiry dates.  
 I will contact the School personally and in writing of any changes to the medication or condition/illness.

**I understand that the School does not accept any liability.**

Signed:	Parent/Guardian	Date:	<input type="text"/>
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Received by:	<input type="text"/>
Signed:	Date: <input type="text"/>