

Brunswick House School Leafy Lane Maidstone Kent ME16 0QQ Tel: 01622 752102 Headteacher – Mrs W Skinner headteacher@brunswick-house.kent.sch.uk www.brunswick-house.kent.sch.uk

NON PRESCRIPTION MEDICINE PERMISSION FORM

To be completed by the parent/guardian. If more than one medicine is to be given, a separate form should be completed for each.

This form is valid for the current academic year.

Child's Name:	Class:	
Name of Medicine:		
Amount of Medicine received	Expiry date of Medicine	
How much to give (i.e. dose)	Times to be given	
Start Date	End Date	
Medicine brought into office by:		_
Any known allergies:		
Any other instructions:		

All non-prescription medicines must be **age appropriate** and provided in single dose sachets wherever possible. <u>No medicines containing Aspirin will be accepted</u>. All medicines must be collected from the office at the end of each day. Any medicines not collected by parents will be disposed at the end of the academic year.

DECLARATION:

I request that the above medication be given in accordance with the above information by a responsible member of the school staff who has received any necessary training. 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 medicines in properly labelled single dose sachets/containers that are clearly labelled with the child's name clearly stated along with the dosage.

I understand that any medicines not collected will be disposed of after 1 month. We are unable to hold or store non-prescription medicines long term.

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 CONFIRM THAT MY CHILD HAS HAD NO PREVIOUS ADVERSE EFFECTS FROM USING THIS MEDICATION

Signed	Parent/Guardian Date				
Respect	Teamwork	Empathy	Self-Belief	Honesty	
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