



Stoke Mandeville Combined School

Caring, Inspiring and Achieving Together

Parental Agreement for Children's Self-Administration of Prescription Medicine (one-off during school hours)

The school does not administer non-prescription medication to children. Medicines must be in the original container as dispensed by the pharmacy and must show the pharmaceutical label with the child's name. If multiple medications are prescribed then a separate form is required for each.

Name of Child	
Date of Birth	
Class	
Condition	
Name and strength of medication	
Expiry date	
Dose to be given	
Time to be given	
Other information	
Name and phone number of parent/adult contact	
Name and phone number of GP	

The above information is, to the best of my knowledge, accurate at the time of writing. 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.

Signed (Parent) _____ Date _____

Name (Printed) _____

