**Parental/Carer Consent for The Roseland Academy to Administer Prescribed Medication**

Parents/Carers to complete if they wish designated staff to administer medication.

The school will not administer medication unless you complete and sign this form. The administering of medication by staff is with the agreement of the Headteacher.

**Details of Student:**

Name of Student .................................................................................................................................

Date of Birth ........................................................................................................................................

Year Group .........................................................................................................................................

Reason for administering medication:-

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**Medication and Directions:**

Name of Medication ……………………………………………………………………………………………………………………….

Expiry Date (if applicable) .....................................................................................................................

Amount of Medication to be taken and times .....................................................................................

Duration of time student needs to take medication (if applicable) ....................................................

Any special precautions to be taken by college staff ............................................................................

# Medication must be in the original packaging as dispensed by the pharmacy

I give consent to the designated staff to administer medication to the student named above in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of medication or if the medication should be stopped. I understand that this is a service undertaken by designated staff with my permission. The school relies on student co-operation for the administering of such medication.

**Parent/Carer’s Signature ..................................................... Print Name ......................................**

**Date: ……………………..**