![Cambourne Village College logo]

Parental consent for Cambourne Village College to hold & administer medication

Form 1   Complete for prescribed or over-the-counter medication

If more than one medicine is to be given a separate form should be completed for each one.

Name of pupil	
Date of birth	Tutor group
Medical condition or illness:	
Symptoms	
Medication and strength	
Expiry date of medication	
Dosage and method of administration	
Any precautions, or side effects experienced previously (**IF NONE, PLEASE STATE "NONE"**)	

All medication must be in date, in its original packaging, and clearly labelled with name, administration directions and expiry date

Emergency Contact Details	
Name	Name
Relationship	Relationship
Contact number	Contact number
Any other relevant information:	

I understand that I must deliver the medication to the main office/reception for the first aiders. The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to the school staff to administer medicine that I supply in accordance with the College's Managing Illness & Medicines policy. I will inform the school immediately, in writing, if there is any change in the above information. I will collect any unused medication at its expiry or if it is no longer required by my child.

Parent/carer's signature:	
Print name:	
Date:	