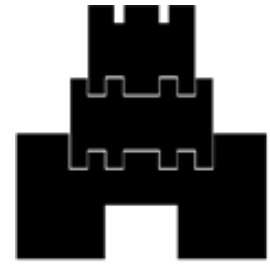


# Launceston College

An Academy Trust



The College will not give your child medicine unless you complete and sign this form the College has a policy that the staff can administer medicine.

Date for review to be initiated by	Keri Quirk
Name of College	Launceston College
Name of child	
Date of birth	
Tutor	
Medical condition or illness	

### Medicine

Name/type of medicine <i>(as described on the container)</i>	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the College needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	

**NB: Medicines must be in the original container as dispensed by the pharmacy**

### Notes

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**Contact Details**

Name

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Daytime telephone no.

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Relationship to child

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Address

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I understand that the medication must be delivered to

The first aid office
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The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to College staff administering medicine in accordance with the College policy. I will inform the College immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) \_\_\_\_\_

Date \_\_\_\_\_