

## PARENTAL AGREEMENT FOR LSCC TO ADMINISTER MEDICATION

<b>STUDENT DETAILS</b>	
Student Name	
Date of Birth	
Tutor Group	
Medical Condition/Illness	
<b>MEDICATION</b>	
Name/Type of Medication	
Expiry Date	
Dosage	
Timing	
Special precautions/Other instructions	
Any side effects	
Self-administration – Y/N	
Procedures to take in an emergency	
<b>NB: Medication must be in the original container as dispensed by the pharmacy</b>	
<b>CONTACT DETAILS</b>	
Name	
Telephone number	
Relationship to Student	
Address	

Parent Signature..... Date.....

Staff Signature..... Date.....