

**KING EDWARD VI LORDSWOOD SCHOOL FOR GIRLS**  
**KNIGHTLOW ROAD, HARBORNE, BIRMINGHAM, B17 8QB**  
**HEADTEACHER: KERRY COONEY**

## **Parental/carer consent to administer an ‘over-the-counter’ (OTC) medicine – B (2)**

- All over the counter (OTC) medicines must be in the original container.
- A separate form is required for **each medicine**.

<b>Child’s name</b>	
<b>Child’s date of birth</b>	
<b>Class/form</b>	
<b>Name of medicine</b>	
<b>Strength of medicine</b>	
<b>Expiry date</b>	
<b>How much (dose) to be given. For example: One tablet One 5ml spoonful</b>	
<b>At what time(s) the medication should be given</b>	
<b>Reason for medication</b>	
<b>Duration of medicine</b> Please specify how long your child needs to take the medication for.	
Are there any possible side effects that the school needs to know about? If yes, please list them	

I give permission for my son/daughter to carry and administer their own medication in accordance with the agreement of the school and medical staff.	Yes	
	No	
	Not applicable	
Or, Medication to be held in school office	Yes/No	

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<b>Mobile number of parent/carer</b>	
<b>Daytime landline for parent/carer</b>	
<b>Alternative emergency contact name</b>	
<b>Alternative emergency phone no.</b>	
<b>Name of child's GP practice</b>	
<b>Phone no. of child's GP practice</b>	

- I give my permission for the Headteacher/senior nursery staff member (or his/her nominee) to allow the OTC medicine to be taken by my son/daughter during the time he/she is at school. 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 no longer needed.
- I agree that whilst staff are willing to supervise medication being taken in school; it is the student's responsibility to remember to come to the medical room to take the medication.
- I understand that it may be necessary for this medicine to be taken during educational visits and other out of school activities, as well as on the school premises.
- I confirm that the dose and frequency requested is in line with the manufacturers' instructions on the medicine.
- I also agree that I am responsible for collecting any unused or out of date medicines and returning them to the pharmacy for disposal. If the medicine is still required, it is my responsibility to obtain new stock for the school/nursery.
- The above information is, to the best of my knowledge, accurate at the time of writing.

<b>Parent/carer name</b>	
<b>Parent/carer signature</b>	
<b>Date</b>	

Headteacher signature : ..... Dated: .....