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| **WOOLSTON 6TH FORM COLLEGE**  **PARENTAL AGREEMENT FOR COLLEGE TO ADMINISTER MEDICINE** | WoolstonPost16_6thFormCollege |

The college will not give your son or daughter medicine unless you complete and sign this form, and the college has a policy that staff can administer medicine when trained to do so.

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| Name of College | WOOLSTON 6TH FORM COLLEGE |
| Name of Student |  |
| Date of Birth |  |
| Form |  |
| Medical condition or illness |  |
| **Medicine** |  |
| Name/type of medicine  (as described on container) |  |
| Date dispensed |  |
| Expiry date |  |
| Dosage and method ie, syringe, spoon, in a drink |  |
| Timing |  |
| Special precautions |  |
| Are there any side effects that the college needs to know about? |  |
| Procedures to take in an emergency |  |
| **Contact Details** |  |
| Name |  |
| Daytime telephone number |  |
| Relationship to Student |  |
| Address |  |
| I understand that the medicine must be delivered to college by myself or a named responsible adult. |  |

I accept that this is a service that the college is not obliged to undertake.

I understand that I must notify the college of any changes in writing.

Date: ……………………………………………………. Signature: ……………………………………………………..

Reviewed: …………………………………………….

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| Date: |  |  |  |  |  |
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| Time given: |  |  |  |  |  |
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| Dose given: |  |  |  |  |  |
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| Staff initials: |  |  |  |  |  |

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| Staff initials: |  |  |  |  |  |