**Form MM2 Parental agreement for school to administer non prescribed medicine**

**The school will not give your child medicine unless you complete and sign this form. Medicines will only be given as per the Harrogate High School medicines policy. Non prescribed medicine should not be carried by student in school but will be held in a locked medicines cabinet. Ibuprofen or Aspirin cannot be given to a student under 16yrs unless prescribed by a doctor.**

Name of Student

Date of Birth

Class/VMG

Medical condition or illness

Procedures to take in an emergency

### Medicine

**We will never accept medicines that have been taken out of the container as originally sold nor make changes to dosages on parental instructions.**

Name/type of medicine

Date dispensed

Expiry date

Dosage and method

Timing

Special precautions

Side effects

Self-administration Yes/No (delete as appropriate)

### Contact Details

Name

Daytime telephone no.

Relationship to student

I accept that this is a service that the school is not obliged to undertake. I understand that I must notify the school of any changes in writing.

Date Signature