



PARENTAL AGREEMENT FOR PUPIL TO CARRY HER OWN MEDICINE

PUPIL NAME _____ D.O.B ____/____/____

CLASS / FORM _____

NAME OF MEDICINE _____

PRESCRIBED MEDICINE YES/NO

OVER THE COUNTER MEDICINE YES/NO

If Salbutamol Inhaler please tick:

- Should my daughter's salbutamol inhaler not be available (for example, because it is broken or empty) I give consent for the school to administer the emergency salbutamol inhaler in the case of an asthma attack.

EXPIRY DATE OF MEDICINE _____

ANY PROCEDURES TO BE TAKEN IN AN EMERGENCY

ANY OTHER INSTRUCTIONS _____
(e.g. side effects)

I would like my daughter to keep her medicine on her for use as necessary.

N.B. MEDICINES MUST BE IN THE ORIGINAL CONTAINER AND IN DATE.

EMERGENCY CONTACT NUMBER OF PARENT _____

THE ABOVE INFORMATION IS, TO THE BEST OF MY KNOWLEDGE, ACCURATE AT THE TIME OF WRITING.

I WILL INFORM THE SCHOOL IMMEDIATELY IN WRITING IF MY DAUGHTER IS NO LONGER CARRYING HER OWN MEDICINE.

PARENT SIGNATURE _____

PRINT NAME _____

DATE _____

Educating
Tomorrow's
Women



Central Foundation Girls' School (Voluntary Aided)

Headteacher: Ms E Holland

Harley Grove, London E3 2AT

Tel: 020 8981 1131 Fax: 020 8983 0188

Website: www.central.towerhamlets.sch.uk

Email: welcome@central.towerhamlets.sch.uk

Medical room checklist:

Is the medication in date?

YES/NO

Parental Agreement passed to A&I administrator

Date_____

Parental agreement scanned onto SIMS

Date_____

**Copy of this agreement placed in Year group file in
Secure medical cabinet**

Date_____