

Braunton Academy

Consent Form for Non-prescribed/ 'over the counter' Medication

Name of Student: _____ Date of Birth: ___/___/___

Address: _____

Medical Condition of student: _____

Medicine: _____

Dose: _____ Frequency of dose: _____

- I confirm that I give my permission for a member of Braunton Academy's First Aid Team to administer the medicine to my child during the school day.

Signed (Parent/Carer): _____

Please print name: _____ Date: _____

In accordance with NHS recommendations, all medication supplied should be in original containers:

- If prescribed; the medication should be in a container as dispensed with label detailing instructions; and
- If purchased non-prescription medication; the original container must be provided.