

**Forres Sandle Manor Medicines Form B
Self-Medication Agreement**

(July 2010)

Please complete this form when you bring either prescription medicines or over the counter remedies to school for your child to keep and administer. Medicines must be in their original containers and clearly named. Normally only pupils in yr 7&8 and those with inhalers will be permitted to self-medicate.

Child's name.....

Nature of condition/illness.....

Name & strength of medicine.....

Dose.....

When to be given.....

For how long.....

Has this medicine been taken before?.....

Pupil agreement:

I understand that I should take my medication **only** as directed above and that I should keep it securely away from where others may tamper with it. I will inform a matron immediately if I take more than directed or if I miss a dose or if I lose my medication.

Pupil signature.....Date.....

Parent agreement:

I am confident that my child is able to follow these instructions and I agree to them self-medicating for this medication only.

Parent signature.....Date.....