



## AMENDMENTS TO MEDICATION – PARENTAL PERMISSION

Please complete the form below and return to the school immediately if there are any changes in the dosage or frequency of medication or the medicine is stopped. We are not able to accept amendments by telephone/verbal or from the students.

The Centre Academy Schools are unable to administer medicine to your child unless this form is completed and signed. All members of staff who administer medicine are trained to do so.

**Note: Medicines must be in the original container as dispensed by the pharmacy with clear instructions.**

Student Name: \_\_\_\_\_

Name of Medicine: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

New Instructions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number of tablets/ quantity to be taken: \_\_\_\_\_

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to The Centre Academy School staff to administer medicine in accordance with the school's policy.

Parent/Carer Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_