

I confirm that the details overleaf are correct, and that I give my permission for the Headteacher (or his nominee) to administer the medicine to my son / daughter during the time he / she is at Exmouth Community College.

I understand that in the case of non-prescribed medicine further information may be sought by the College to ensure safe and accurate administration of the medicine.

I will inform Exmouth Community College immediately, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

I also agree that I am responsible for collecting any unused or out of date supplies and that I will dispose of the supplies.

The information on this form is, to the best of my knowledge, accurate at the time of writing.

Signature:

(Parent / Carer / Person with parental responsibility)

Print name:

Date:

Ted
Wragg TRUST