QUEEN MARY'S HIGH SCHOOL
TEMPORARY MEDICATION AGREEMENT

For use in temporary situations of less than two weeks when the school is holding or managing medications. Note: Medication will only be accepted in the original container with the pharmacy label indicating the patient's name and the dosage.

Student's Details

Pupil Name			
Form Group			
Date of Birth			
Reason for Medication			
Medication Name (as on container)			
Expiry Date of Medication			
Dose and Method			
Time for Administration			
Special Precautions, if any			
Storage Requirements			
Procedure to Take in Emergency	Call 999 Notify parents/carers as per contact details on SIMS		
Date of Agreement (From)		**End Date of Agreement (To)**	

Parent / Carer Agreement

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent for staff at Queen Mary's high School to administer this medicine in accordance with the school's Supporting Student's with Medical Needs Policy. I will notify the school immediately if there are any changes in the details given above or if the medicine is to be stopped.

Parent/Carer's Signature:		**Date:**	
Parent/Carer's Name:			