



IVYBRIDGE COMMUNITY COLLEGE

Individual Medication Plan

Ivybridge Community College is committed to supporting students with reasonable adjustments when appropriate for individual needs. This could be linked to a disability or other health/wellbeing-related reasons.

The College will not be able to support your child in taking medication unless you complete and sign this form. The Principal has agreed that designated College staff can support with the administration.

Unused medication will be returned upon receipt of parent/carers request. Parents/carers must notify the College of any changes to medication before the review date (if applicable).

Student Details	
Student Name	
Year Group/Tutor Group	
Date of Birth	
Home Address	
Date Completed	

Medication Details	
Condition/Illness	
Name of medication	
Dosage of medication (as per packaging)	
Expiry date of medication	
Agreed time to take the medication (where possible all medication should be taken at breaktimes)	
Start date of medication	
End date of medication	

Details of Parent/Carer Completing this Form	
Name	
Relationship to the student	
Home Address	
Daytime telephone numbers	

Declaration	
I declare that I am giving permission for Ivybridge Community College appointed staff to support the administration of the medication outlined in this plan.	
Signed by Parent/Carer	
Name of Parent/Carer	
Signed by College Staff Member	
Name of College Staff Member	

