

Parental Agreement for Longridge Towers School to Administer Prescribed Medicine

The school will not give your child medicine unless you complete and sign this form, and the school has a policy that Matron and nominated staff can administer prescribed medicine if required.

Name of School	Longridge Towers School
Name of Child	
Date of Birth	/ /
Group/Class/Form	
Medical Condition or Illness	

Medicine

Name/type of Medicine <i>(as described on the container)</i>	
Date Dispensed	/ /
Expiry Date	/ /
Agreed review date to be initiated by	Matron
Dosage and Method	
Timing	
Special Precautions	
Are there any side effects that the school needs to know about?	
Self-administration	Yes/No
Procedures to take in an emergency	

Contact Details

Name:	
Daytime telephone no:	
Relationship to child:	
Address:	
I understand that I must deliver the medicine personally to:	Matron

I understand that I must notify the school of any changes in writing.

Date: _____ Signature(s): _____