



Long Mountain CE Primary School Medication Form

Parental Agreement for School to Administer Medicine.

The school will not give your child medicine unless you complete and sign this form.

Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	
Name and phone no. of GP	

Name/type of medicine <i>(as described on the container)</i>	
Storage Requirements	
Dosage/method and number of days	
Time to be taken in school	
Is precise timing critical?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any precautions, special arrangements or side effects that the school needs to know about?	
Procedures to take in an emergency	

Emergency Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	

I accept that this is a service that the school is not obliged to undertake.

I understand that I must notify the school of any changes to my child's medication in writing.

In the case of my child having an asthma attack whilst at school, should my child's school have an emergency salbutamol inhaler available, I am consenting for my child to be treated with this emergency salbutamol inhaler should their own inhaler be unavailable for use.

Date _____ Signature(s) _____

Please note: It is your responsibility to ensure that the school is kept informed about changes to your child's medicines, including how much they take and when. It is also your responsibility to provide the school with medication that is clearly labelled and in date and to collect and dispose of any unused, expired medicine at the end of the course of treatment.

Date		Date		Date	
Time Given		Time Given		Time Given	
Dosage		Dosage		Dosage	
Adult Name		Adult Name		Adult Name	
Adult Initials		Adult Initials		Adult Initials	

Date		Date		Date	
Time Given		Time Given		Time Given	
Dosage		Dosage		Dosage	
Adult Name		Adult Name		Adult Name	
Adult Initials		Adult Initials		Adult Initials	

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