



Longcause Community Special School

Parental agreement for school to administer medicine

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

Pupil Details	
Name of pupil	
D.o.B	
Class	
Medical condition or illness	

Medicine	
<i>NB: Medicines must be in the original container as dispensed by the pharmacy, including clearly the dispensing label with the child's full name, dosage and expiry date.</i>	
Today's date	
Name/type of medicine (as described on the container)	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school needs to know about?	
Procedures to take in an emergency	



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Parent/ carer completing the form	
Name	
Daytime telephone no.	
Relationship to child	
Address	

I understand that I am responsible for ensuring medication gets delivered to the front office.

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signed	
Date	