



# LONG MARSTON VA C OF E PRIMARY SCHOOL

## PARENTAL AGREEMENT FOR SCHOOL TO ADMINISTER MEDICINE



**Child's Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Class:** \_\_\_\_\_

**Medical Condition:** \_\_\_\_\_

**Name of Medicine:** \_\_\_\_\_

**Expiry Date of Medicine:** \_\_\_\_\_

**Dose:** \_\_\_\_\_

**When in the day to be taken:** \_\_\_\_\_

**When last taken:** \_\_\_\_\_

**Where stored:** **School Office/Staffroom Fridge** (circle applicable)

**Any allergies:** \_\_\_\_\_

**Any other Instruction:** \_\_\_\_\_

**Parent's Emergency Contact:** \_\_\_\_\_

I understand that the medicine needs to be delivered/collected from the School Office and accept that the administration of medicine is a service that the School is not obliged to undertake.

**Parent's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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DATE	TIME	DOSE	NAME AND SIGNATURE OF STAFF MEMBER

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**[OFFICE USE ONLY]**

**Name:** \_\_\_\_\_ **Class:** \_\_\_\_\_

**Medicine to be taken at:** (times) \_\_\_\_\_

**From:** (date) \_\_\_\_\_ **To:** (date) \_\_\_\_\_

**Issued by:** \_\_\_\_\_ **Date:** \_\_\_\_\_