Parental agreement for administering medicine

Longwood will not give your child medicine unless you complete and sign this form.
Longwood has a medicine policy.

Name of child ……

Date of birth ……..

Group/ Class ……..

Medicine

Name/ type of medicine
(as described on the container) ……..

Date medicine dispensed …….....

Expiry date ……

How much to give (i.e. dose to be given) ……...

Timing **Medicine administered between 1-2pm only.**

Note: Medicines must be in the original container as dispensed by the pharmacy.

I understand that I must deliver the medicine personally to a member of the office staff.
I accept that this is a service that Longwood is not obliged to undertake.
I understand that I must notify the school of any changes in writing.
I authorize the medicine detailed above to be administered to my child.
I accept that antibiotics left on the premises at 7pm on Fridays will be thrown away.
I have kept my child away from School/Nursery for a minimum of 24 hours with treatment

Parent's Signature …….....

Print …… Date ……

This section to be filled in by staff

Date			
Time Given			
Dose Given			
Name of staff administering			
Name of staff checking			
Parent's signature			

If more than one medicine is to be given a separate form should be completed for each one.

Date			
Time Given			
Dose Given			
Name of staff administering			
Name of staff checking			
Parent's signature			

Date			
Time Given			
Dose Given			
Name of staff administering			
Name of staff checking			
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