

PARENTAL AGREEMENT FOR LINGFIELD PREP STAFF TO ADMINISTER MEDICINE

Medication cannot be administered without the completion of this form.

Name of child			
Date of birth			
Class			
Date/s medication to be administered	First day	Last day	
Medical condition or illness			
<p>Medicine <i>(NB: Medicines must be in the original container as dispensed by the pharmacy)</i></p> <p>Where possible the need for medicines to be administered at school should be avoided. Parents are therefore requested to try and arrange the timings of doses accordingly. It is not school's responsibility to remember to administer medication.</p>			
Name/type of medicine <i>(as described on the container)</i>			
Doctor Prescribed	Yes / No <i>please circle</i>		
Expiry date			
Dosage/method/timings			
Completion Date (where relevant)			
Self-administration	Yes / No <i>please circle</i>		
Medication should be refrigerated	Yes / No <i>please circle</i>		
Special precautions/side effects or other instructions the school should be aware of			
Procedures to take in an emergency			
Contact Details & Consent			
Name			
Daytime telephone no.			
Relationship to child			
<p>I understand that I must deliver the medicine personally to the Prep School Office.</p> <p>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 (long term medication).</p>			
Signature _____		Date _____	