

## Lansdowne School Parental Agreement to Administer Medicine

Lansdowne School will not give your child medicine unless you complete and sign this form, and the school has a policy that staff can administer medicine.

Date:	
Pupil's Name:	
Class:	
Name and strength of medicine 1:	
Expiry date:	
How much to give (i.e. dose to be given) and time to be given:	
Name and strength of medicine 2:	
Expiry date:	
How much to give (i.e. dose to be given) and time to be given:	
Name and strength of medicine 3:	
Expiry date:	
How much to give (i.e. dose to be given) and time to be given:	
Name and strength of medicine 3:	
Expiry date:	
How much to give (i.e. dose to be given) and time to be given:	
Name and strength of medicine 4:	
Expiry date:	
How much to give (i.e. dose to be given) and time to be given:	
Any other instruction:	

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

Daytime phone number of parent or adult contact:	
Name and phone no. of GP:	
Agreed review date:	
Name of member of staff:	

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 the dosage or frequency of the medication or if the medicine is stopped.

Parent/Carer signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_

