

LANGLEY GRAMMAR SCHOOL
Parental agreement for school/setting to administer medicine

Form 3

Langley Grammar School will only give your child medicine once this form has been completed, signed and returned to the Student Manager with the medication in its original packaging.

Date	
Child's name	
Date of birth	
Group/class/form	
Medical condition or illness	
Name and strength of medicine	
Expiry date	
How much to give (<i>i.e. dose to be given</i>)	
When to be given	
Any other instructions	
Number of tablets/quantity or medication given to Student Manager	

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

Daytime phone no of parent or adult contact	
Name and phone no. of GP	
Agreed review date to be initiated by	Student Manager

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

Parent's signature _____

Print name _____

Date _____

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