



Parental Agreement for Medication

Langmoor Primary School requires a completed form for every item of medication to be stored/administered on the premises.

Please complete the following form, giving as much detail as possible:

Name of School	Langmoor Primary School
Name of Child	
Date of Birth	
Class/Year Group	
Medical Condition or Illness	

Medicine

Name/Type of Medicine (as described on the container)	
Expiry Date	
Dosage & Method	
Timing	
Special Precautions/Other Instructions	
Are there any side effects that the school needs to know about?	
Self-Administer (Yes/No)	
Procedures to take in an emergency	

Contact Details

Name	
Daytime Telephone Number	
Relationship to Child	
Address	

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent for Langmoor Primary School Staff to administer 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.

Signature(s) _____ Date _____