**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.

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| Date: | page1image4680 |
| Pupil’s Name: | page1image6992 |
| Class: | page1image9784page1image10264 |

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| Name and strength of medicine 1: | page1image12512page1image12832 |
| Expiry date: | page1image15184page1image15504page1image15984page1image16304 |
| How much to give (i.e. dose to be given) and time to be given: | page1image18880page1image19200 |

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| Name and strength of medicine 2: | page1image21448page1image21768 |
| Expiry date: | page1image24120page1image24440page1image24920page1image25240 |
| How much to give (i.e. dose to be given) and time to be given: | page1image27816page1image28136 |

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| Name and strength of medicine 3: | page1image30384page1image30704 |
| Expiry date: | page1image33056page1image33376page1image33856page1image34176 |
| How much to give (i.e. dose to be given) and time to be given: | page1image36752page1image37072 |

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| Name and strength of medicine 3: | page1image39320page1image39640 |
| Expiry date: | page1image41992page1image42312page1image42792page1image43112 |
| How much to give (i.e. dose to be given) and time to be given: | page1image45688page1image46008 |

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| Name and strength of medicine 4: |  |
| Expiry date: | page1image50944page1image51264 |
| How much to give (i.e. dose to be given) and time to be given: |  |
|  | page1image55392page1image55712page1image56192page1image56512 |

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| page1image57816  Any other instruction: |  |

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

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| Daytime phone number of parent or adult contact: | page2image3312page2image3632 |
| Name and phone no. of GP: | page2image6408page2image6728page2image7208page2image7528 |

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| Agreed review date: | page2image10000page2image10320page2image11064page2image11384 |
| Name of member of staff: | page2image13496page2image13816 |

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_