

LONGWILL SCHOOL MEDICINE RECORD

Pupil's Name: _____ **Date:** _____

Class/Tutor Group: _____

Name and strength of Medicine: _____

How much to give: _____ (dose to be given)

When to be given: _____

Any other instructions _____

Number of tablets/quantity given to school: _____
(NB: Medication **MUST** be in its original container, as dispensed by the pharmacy with dispensary label)

Name and contact telephone number of parent or adult contact: _____

Name of Pupil's Doctor: _____ **Tel:** _____

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

Signature of parent or carer: _____

Print name: _____

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

Signature of Headteacher **Date**
Alison Carter