

Abbey Primary School Long Term Medication Form

By filling in this form, I hereby give my permission that the below medication is to be administered by school personnel as detailed below.

Child's Name	Childs Class
Name of Person Filling out form	Signature
Relationship to child	Today's Date
Ongoing Illness / Medical Condition	How many doses is recommended by a profession within a 24 hour period?
Medication Name	Expiry Date & Batch No
Dosage & How to administer (eg. 5ml Oral / 1 drop left eye)	Any known side effects?
When to give medication – Please provide details of when you would like us to give the medication, whether regularly at set times or what the symptoms the child shows of the named illness are, for us then to give it. <i>(please note we may need to call to check if any medication has been given on any given day if you specify that we are to give as and when need)</i>	

We will always record when medication has been given on a long term medication log and where necessary will text contact 1 and 2 to notify them that a child has received medicine.

[illegible]

[illegible]