



LEA ENDOWED C.E. PRIMARY SCHOOL
LEA ROAD
PRESTON
PR4 0RA

Headteacher: Mrs. Catherine Segrave

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At Lea Endowed C of E Primary School we have a policy for the administration of medicine. Please complete the form below so we are able to administer your child's medication as set out in our policy.

Name of Setting	Lea Endowed C.E. Primary School
Name of Child:	_____
Date of Birth:	_____
Class:	_____
Medical condition/illness:	_____
Medicine	
Name the medicine is prescribed to on the container:	_____
Name / Type of Medicine (as described on the container):	_____
Date dispensed: _____	Expiry date: _____
Agreed review date to be initiated by: _____ (name of member of staff)	
Dosage and method e.g. Oral, inhaled:	_____
Timing:	_____
Special Precautions:	_____
Are there any side effects that the school needs to know about? _____	

P.T.O.

S: Policies/Medicine Policy Form (Parents)

Doctor's Name, address and contact details:

<u>Date</u>	<u>Time Given</u>	<u>Dosage Given</u>	<u>Given By</u>	<u>Witnessed By</u>

I hereby consent to the First Aider on duty, or a delegated member of staff administering the above medication according to the details given here and any other relevant medical advice.

Signature of Parent / Carer: _____ Date: _____