PARKGATE
PRIMARY SCHOOL

ONGOING MEDICAL CONDITION

ADMINISTRATION OF MEDICINES IN SCHOOL

Pupils' Name:	
Pupil's Class:	
Medical Condition:	
Name of Medication/s required:	
Dosage and Administration of Medication:	
Emergency Procedures:	
Parent/Carer Contact Details 1	
Name:	
Day time telephone number:	
Mobile Number:	
Parent/Carer Contact Details 2	
Name:	
Day time Telephone Number:	
Mobile Number:	
GP's Telephone Number:	

I give the designated staff in the school/on a school trip my permission to administer the ongoing medication, as specified on this form, to my son/daughter. ☐

To ensure school records are up to date I agree to inform the school of any changes relating to my son's/daughter's ongoing medical condition. ☐

PLEASE ENSURE THAT THE ONGOING MEDICATION IS CLEARLY LABELLED AS ORIGINALLY DISPENSED.

Signed: _____

Date: _____