





# LINGS PRIMARY SCHOOL

Hayeswood Road, Lings, Northampton, NN3 8NN

01604 410 369 

01604 410 372 

bursar@lings-pri.northants-ecl.gov.uk

Website: [www.lings-primary.co.uk](http://www.lings-primary.co.uk)

**Head Teacher: Mr Leigh Wolmarans**

**To be completed by the parent/guardian of any child to whom drugs may be administered under the supervision of School staff.**

If you need help to complete this form, please contact Lings Primary School or the Health Visitor attached to your doctor's surgery.

*Please complete in block capitals*

Name of Child: ..... Class/Form: .....

Date of birth: .....

Address .....

.....

Medical Diagnosis/Condition/Illness: .....

Date: .....

Doctor's Name: ..... Doctor's Telephone number: .....

The Doctor has prescribed (as follows) for my child:

Name of Drug or Medicine:

.....

Date dispensed:

.....

Expiry date:

.....

Agreed date to review or cease treatment at School:

.....

Dosage and method (e.g half a teaspoon):

.....

Timing – when to be given (e.g.how often?):

.....

Special precautions:

.....

.....

.....

Any other instructions:

.....

.....

Quantity to be given by School and frequency:

.....  
.....  
.

Are there any side effects that the School needs to know about:

.....  
.....  
.....

**Medicines**

a) Special circumstances eg epileptic fits: (if there are special circumstances likely to occur, describe here what those circumstances are or might be, and the nature and dosage of the prescribed medication or treatment to be applied under those special circumstances).

.....  
.....  
.....  
.....  
.....

**A separate form must be completed for each medicine.**

- I accept that this is a service that the School is not obliged to provide.
- I understand that it may be necessary for this treatment to be carried out during educational visits and other out of school activities, as well as on the school premises.
- The above information is, to the best of my knowledge, accurate at the time of writing.
- I accept that I must deliver the medicine to the School and confirm the instructions to the specific staff who will be administering the medicine.
- I undertake to supply the School with drugs and medicines in properly labelled containers.
- I give consent to the School staff to administer the medicine.
- I will inform school immediately in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signed .....

Date.....

Staff member or members responsible:

.....  
.....



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