Meadow Vale Primary School
Moordale Avenue, Bracknell, Berkshire, RG42 1SY
Headteacher: Mrs Catherine Forrester

LONG TERM MEDICAL FORM

I request that (Child's Name) ……..…….. Class……..…

be administered the following medication:

Name of medicine	Dose	Frequency/ times	Reason
Special Instructions:			
Known Allergies:			
Other prescribed medicines being taken by the child at home:			
Expiry Date: **THE MEDICINE MUST LAST A FULL ACADEMIC YEAR, I understand that by signing this document, it is my responsibility to ensure that the medication is valid for a full year and not the responsibility of the school to check.**			

Please tick the statement below which is appropriate:

	This medicine has been prescribed by a doctor to treat a known condition …… (Please state condition)
	This medicine should be kept in the locked medicine cupboard
	This medicine should be kept in the fridge
	This medicine should be kept in the child's classroom (Epi Pen / Jext Injector / Asthma Medicine

Parent Declaration:

- I understand that all medicines must be delivered personally to the office by an adult and should **not** be sent into school via a child.
- I understand that this is a service that the school is not obliged to undertake.
- I give my permission for a member of the school first aid team to administer this medication (as detailed on page 1).

Signed:…… (Parent/Carer) Date:……

Print Name: ……

Telephone number: ……

Please note:

Medication will not be accepted in the school unless this form is fully completed and signed by the Parent/Legal Guardian of the child.

The Headteacher reserves the right to withdraw this service at any time.

Office / First Aider use only:

	Medication is prescribed
	Medication expiry date has been checked
	Medication administration form created
	Staff Signature: