



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	<b>Lea Endowed C.E. Primary School</b>
Name of Child:	_____
Date of Birth:	_____
Class:	_____
Medical condition/illness:	_____
<b>Medicine</b>	
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: \_\_\_\_\_