

FORM B:**Parental agreement for Hungerhill School to administer medicine for use in
LONG-TERM MEDICAL NEEDS.**

Name of child	Date of Birth	
Form		
Medical condition or illness		
Name and type of medicine as described on original packaging		
Date dispensed		
Expiry date		
Agreed review date		
Dosage and method		
Timing		
Special precautions		
Are there any side effects that school should know about?		
Self-administration	Yes	No
Procedures to take in an emergency		
CONTACT DETAILS		
Name	Daytime telephone number	
Relationship to child		
Address		

I accept that this is a service that the school is not obliged to undertake. I understand that I must notify the school of any changes in writing.

Parent/guardian signature.....

Print name.....

Date.....

If more than one medicine is to be given, a separate form should be completed for each one.