



The Federation of St Mary's Catholic Schools



**"As the Family of Jesus, we learn and love
together"**

Long term Medication Form

TODAYS DATE :	
Name	
Class	
Date of birth	Doctor/Consultant

Medicine
Doctor who prescribed the medicine
Dosage
Time to be administered
How many days to be administered?
Any other relevant information

Indemnity I am aware that my child_____ needs to take the medication above in school hours. I have provided the Head teacher with information about how the medication is to be administered and I undertake to ensure that the school has an adequate supply of the medication. I accept that as long as it is administered responsibly in accordance with the doctors' instructions then I will not hold the Head teacher, nor the LEA, nor its servants or agents responsible in the event that_____ suffers any adverse effect from the administration of the above mentioned medication.

Signed by Parent or Guardian. Date

A qualified First Aider will administer the medication.
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