Parental Request for School to Administer
LONG TERM MEDICINE

Name of school	Joy Lane Primary School
Name of child	
Date medicine provided by parent	
Class	
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned to parent/carer	
Dose and frequency of medicine	

Staff signature:

Signature of parent / carer:

Date			
Time given			
Dose given			
Member of staff **x2**			
Staff initials **x2**			

Date			
Time given			
Dose given			
Member of staff **x2**			
Staff initials **x2**			

Date			
Time given			
Dose given			
Member of staff **x2**			
Staff initials **x2**			

Date			
Time given			
Dose given			
Member of staff **x2**			
Staff initials **x2**			

Date			
Time given			
Dose given			
Member of staff **x2**			
Staff initials **x2**			

Date			
Time given			
Dose given			
Member of staff **x2**			
Staff initials **x2**			