

**FORM FOR LONG TERM ADMINISTRATION OF MEDICINE**

**Blanchelande Primary**

**INSTRUCTIONS FOR THE ADMINISTRATION OF MEDICINES IN  
SCHOOL**

The parent/guardian is reminded that the school must be notified immediately if there is a change in treatment.

Name of School: Blanchelande Primary

Name of Pupil: \_\_\_\_\_

Name of Address of Parent/Guardian \_\_\_\_\_

\_\_\_\_\_

Frequency of Treatment \_\_\_\_\_

Type of Medicine \_\_\_\_\_

This part can be filled in as per prescription instruction or administration as required or by parents – any details must be filled in fully on this form.

Individual Requirements: (Please note if not applicable)

School staff agree to allow the use of this treatment in school on the understanding that you, the parent/guardian agree to instruct your child on the use of the treatment during the school day.

Signed \_\_\_\_\_ Parent/Guardian

Date: \_\_\_\_\_

# Blanchelande Primary

## INSTRUCTIONS FOR THE ADMINISTRATION OF MEDICINES IN SCHOOL

The parent/guardian is reminded that the school must be notified immediately if there is a change in treatment.

Name of School: Blanchelande Primary

Name of Pupil: \_\_\_\_\_

Name of Address of Parent/Guardian \_\_\_\_\_

\_\_\_\_\_

Date to begin administration: \_\_\_\_\_ Completion: \_\_\_\_\_

Frequency of Treatment \_\_\_\_\_

This part can be filled in as per prescription instruction or administration as required or by parents – any details must be filled in fully on this form.

Individual Requirements: (Please note if not applicable)

School staff agree to allow the use of this treatment in school on the understanding that you, the parent/guardian agree to instruct your child on the use of the treatment during the school day.

Signed \_\_\_\_\_ Parent/Guardian

Date: \_\_\_\_\_