



Administration of Long Term Medication – Indemnity

The Ferrars Academy
Macaulay Road
Luton
LU4 0LL
Principal: Miss Sarah Green

Child's Full Name:

Date of Birth: Class: Year group:

Reason for Medication:

Name of Medicine:

Dose (ie 2 x puffs/2.5 – 5ml/1x tablet):

Specify time of day or when medication is to be given:
(ie Lunchtime/Playtime/Before P.E or As and When Required) :

Any further instructions: (Include details for inhalers, if applicable):
.....

Are there any side effects that the school needs to know about:
.....

All prescribed medicines must be in the original container as dispensed by the pharmacy, with the child's name, the name of the medicine, the dose and the frequency of administration, the expiry date and the date of dispensing included on the pharmacy label.

Please tick appropriate box

Medicine to be left at the Academy

Medicine to be taken home each day
(Must be collected and delivered by an adult each day)

In consideration of the Principal or the Academy's staff agreeing to supervise my/our above-named child taking medication during school hours, I/we agree to indemnify the Principal, the Academy's staff against all claims, costs, actions and demands whatsoever resulting from this supervision unless such claims, costs, actions or demands result out of the negligence of the Principal or the Academy's staff.

- I confirm that this medication is to be taken until I give written notification that it is to cease.
- I understand that it may be necessary for this medicine to be administered during educational visits and other out of school/nursery activities, as well as on the school/nursery premises.
- I agree that I am responsible for collecting any unused or out of date medicines and returning them to the pharmacy for disposal and supplying new stock to the school when requested.
- The above information is, to the best of my knowledge, accurate at the time of writing.

Parent's signature: Relationship to child:

Contact Number: Date:

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

Date medicine returned to parent on completion of the course: