



**BUCKINGHAM PREPARATORY SCHOOL**

**MEDICINES KEPT AT SCHOOL**

Does your child require medicine that needs to be kept in school and administered either by himself or a teacher? This could be allergy medicine, like antihistamine or Epi-pen, or an inhaler, etc. Please complete the following information, then sign and return the form below. **Please ensure that, for medicines which are kept permanently at school, you provide the school with TWO SETS of correct medication and applicator (i.e. spoon or spacer, etc) if appropriate.** Please also ensure that medicines are well in date and replace as necessary.

**Child's name**..... **Class** .....

Why does your child need the medicine?

Please name the medicines that you are providing, doses, instructions for administration and expiry dates (continue overleaf if necessary).

I have provided the medicines listed above and the reasons for their use. I agree that the medicine(s) can be given to my child as per my instructions. These instructions are valid \*indefinitely/until (date) ..... (\*delete as appropriate).

Signed .....

Print name..... Date:.....