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LONG-TERM MEDICATION REQUIREMENT

My child in class suffers from the following long-term medical condition:

.....

He / she will require the following medicines to be administered / kept in school on a permanent basis:

Medication :

Frequency of use :

Any other relevant information:

.....

I/we give permission for Manorcroft Primary School staff to administer this medication.

Name :

Signed: Date:

MEDICATION

*The school will hold, under secure conditions where applicable appropriate medication, clearly marked for use by designated staff or qualified personnel and showing an expiry date. **Please note it is the parents' responsibility to ensure the school has appropriate up-to-date medication.***

STAFF INDEMNITY

The County Council provides a staff indemnity for any setting staff (of those settings buying into Surrey County Council Insurance) who agree to administer medication to a child/young person given the full agreement of the parents and the school.