**LONG TERM MEDICATION FORM**

**Student:**

Date of birth:

Class:

Academic Year:

The Prague British International School requires that all students who need medication during school hours/events due to their chronical condition, present this form, completed by parents to the school administrator/school nurse. Please note that **medication can be accepted only in its original box**.

**TO BE COMPLETED BY THE PARENTS**

Diagnoses:

|  |  |  |  |
| --- | --- | --- | --- |
| Medication | Dose | Time | Note ⃰ |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Note ⃰ : Instructions how medication should be given

I ......................................................... give my permission for my child to receive the medication as directed by the physician and administrated by the designated staff in charge of first aid.(e.g. school nurse, teacher).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature Date

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_**Telephone**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**