

School .....

### Parental agreement for school to administer medicine

The School will not give your child medicine unless you complete and sign this form, and the school has a policy that staff can administer medicine.

|   |                                    |
|---|------------------------------------|
| Name of School  |                                    |
| Date  | / /                                |
| Child's name  |                                    |
| Group/class/form  |                                    |
| Name and strength of medicine   |                                    |
| Expiry date   | / /                                |
| How much to give (i.e. dose to be given)  |                                    |
| When to be given  |                                    |
| Reason for medication   |                                    |
| Number of tablets/quantity to be given to school                                  |                                    |
| Time limit – please specify how long your child needs to be taking the medication | _____ days/s<br>other _____ week/s |

**Note: Medicines must be in the original container as dispensed by the pharmacy**

|   |  |
|---|--|
| Daytime phone number of parent or adult contact               |  |
| Name and phone number of GP                                   |  |
| Preced review date to be initiated by (named member of staff) |  |

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy.

### Administration of Medicines in Schools

I confirm that the medicine detailed overleaf has been prescribed by a doctor, and that I give my permission for the Head Teacher (or his/her nominee) to administer the medicine to my son/daughter during the time he/she is at school. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_  
(Parent/Guardian/Person with parental responsibility)

1. I give permission for my son/daughter to carry their asthma inhaler with them whilst at school and to manage its use.

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_  
(Parent/Guardian/Person with parental responsibility)

2. I give permission for my teenage son/daughter to carry their adrenaline auto injector for anaphylaxis (epi pen)

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_  
(Parent/Guardian/Person with parental responsibility)

#### NOTES OF GUIDANCE

- The Head Teacher (or his/her nominee) will only administer medicines prescribed by a doctor.
- This form should be completed by the parent or guardian of the pupil and be delivered personally, together with the medicine to the Head Teacher of his/her nominee.
- The medicine should be in date and clearly labelled with:
  - its contents;
  - the owners name;
  - dosage;
  - the prescribing doctor's name
- The information given overleaf is requested, in confidence, to ensure that the Head Teacher is fully aware of the medical needs of your child.

While no staff member can be compelled to give medical treatment to a pupil, it is hoped that the support given through parental consent, the support of the County Council through these guidelines, and the help of the School Medical Service will encourage them to see this as part of the pastoral role. Where such arrangements fail it is the parents' responsibility to make appropriate alternative arrangements.