

Administration of Medicine in School

The school will only give your child medicine which has been prescribed by a GP or hospital doctor.

The headteacher reserves the right to refuse certain medication being administered by staff.

It is a requirement to complete and sign this form, which should be handed to the office along with the medicine. All medication must be in its original packaging with the child's name on. We will not exceed the dosage stated on the instructions.

We will not administer Calpol, Piriton, throat sweets, creams, herbal medication etc (unless prescribed). If a child needs medication during the day that is not prescription, it should be administered before they get to school and when they return.

All medications will be kept secure in a locked cabinet; no medication should be kept in your child's bag.

DETAILS OF PUPIL

Surname _____

Forename _____

Class _____

Condition or illness _____

MEDICATION

Name of Medication (as described on the container) _____

Date Dispensed and Expiry Date _____

Dosage and method (how much and when) _____

When is it taken (time of day) _____

Dates medication need to be given (from) _____ (to) _____

Special Precautions (eg before or after food) _____

CONTACT DETAILS

Name _____ Relationship to pupil _____

Daytime Telephone _____

I understand that I must deliver the medicine personally to the office staff and accept that this is a service, which the school is not obliged to undertake. I also understand that it is not the responsibility of the school to ensure that the medicine is taken and that my child must remember to attend the office at the agreed time.

Parent Signature _____

TIPS: If your child requires antibiotics three times a day, it is recommended that you administer this before school, straight after school and in the evening, rather than during school time. If your child needs an Adrenaline Auto-injector or asthma inhaler it is recommended to you bring two of these into school.

ALL MEDICATION IS TO BE COLLECTED BY PARENTS AT THE END OF EACH SCHOOL YEAR.

To be completed by office staff:

Details entered on SP:

Initials: Date:

For School Office. Please attach this form to the medication.

Form copied for class medical box if applicable

Form copied for Administration of Medication folder