# DERWENT HILL : MANAGEMENT OF MEDICATION STATEMENT FULWELL JUNIOR SCHOOL:

**PARENTAL AGREEMENT FOR THE ADMINISTRATION OF MEDICINE (Residential Visit 21st-25th June)**

* The School will NOT give your child medicine unless you complete and sign this form; the School has a policy in place to confirm that appropriate staff can administer medicine.
* School will only administer medication that has been prescribed by a Medical Practitioner. Medication taken orally in liquid form must be supplied in an unopened bottle. School will NOT accept any medication in unmarked/un-named packages or where dosage details are unclear.
* Medication must be handed over by an adult; any medication left at the the end of a prescribed course must be collected from school by an adult.

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| --- | --- |
| Date medication provided: |  |
| Name of child: |  |
| Date of birth: |  |  |  |  |
| Class: |  |
| Medical condition or illness for which the medication has been prescribed: |  |
| **Medicine** |  |
| Name/type of medicine:*(as described on the container)* |  |
| Amount provided to school: |  |  |  |  |
| Medication type: (tablet/liquid etc.) |  |  |  |  |
| Expiry Date: |  |
| Maximum dosage within 24 hours: |  |
| Dosage to be given:  |  |
| Time to be given: |  |
| Special precautions/other instructions |  |
| Are there any side effects that the school needs to know about? |  |
| Self-administration – Y/N |  |
| Procedures to take in an emergency |  |
| **NB: Medicines must be in the original container as dispensed by the pharmacy****Contact Details** |
| Name of adult providing medication: |  |
| Daytime telephone no. |  |
| Relationship to child |  |
| Address |  |

**IMPORTANT : PLEASE READ CAREFULLY BEFORE SIGNING:**

The school staff supporting the residential visit have the authority to act in loco-parentis; this means they will respond to your child’s medical needs as instructed by you and in accordance with the medication prescribed.

**If your child suffers from travel sickness, we must request that you provide a prescribed course of tablets that they can take over the week, as they will be out in the Centre mini-bus many times throughout their visit.**

***Please provide any further information that you feel will help us support your child:***

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. 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.

Signature(s) Date

Relationship to Child:………………………………………………………………………………………………………………………….