



SHELLEY FIRST SCHOOL
SCHOOL TERRACE FAR BANK SHELLEY HUDDERSFIELD HD8 8HU
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Please complete and sign the form below regarding administering of medication by school staff. If the medication is unsuitable for staff to administer, then other arrangements will have to be made by the parents.

Pupil's Details

Surname _____ Forename(s) _____
Class _____ D.o.B. _____
Address _____

MEDICATION ~ HAS THIS BEEN PRESCRIBED? We are unable to administer medication in school that hasn't been prescribed by a doctor

Name of medication (as described on container) _____
Date dispensed _____ Type Supplied _____
Duration/ Frequency of administration _____
Self-Administer (?) _____
Directions for use _____
Side effects (if any) _____
Procedures in case of emergency _____

TO BE COMPLETED BY MEMBER OF STAFF

Name of adult handing over the medication _____
Relationship to the Child _____
Daytime Tel No: _____
Address _____

Amount of medication being handed over/type provided:

Staff Signature: _____ **Date:** _____

MEDICATION IN SCHOOL

The school has an obligation to make regular Health and Safety Risk Assessments and the Governors whose responsibility this is have made, in line with our Health & Safety Policy, the following points:

- All medication to be taken in school must be taken by an adult to the School Office.
- Only sufficient medication for 1 day should be taken into school.
- Medication must be in a sealed container, clearly labelled and with your child's name.
- There is no need to send medication into school where the dosage is 3 times a day only. This can be given at home/childminder.(i.e. before school, after school and at bedtime)
- If your child has a more complex medical need, a health care plan should be drawn up in consultation with yourselves, GP, and School.
- Surplus medication must be collected by an adult from the School Office.
- Inhalers must have the child's name and frequency of use clearly labelled.

I/We understand and accept that this is a service that the school is not obliged to undertake, and agree to abide by the above conditions.

Signed _____ Parent/Guardian
Date _____