



St Mary & St Michael's Catholic Primary School

Castle Lane, Garstang PR3 1RB

Head teacher; Mrs Luena Archibald

Parental Agreement to Administer Prescribed Medicine

PLEASE READ THIS INFORMATION FROM THE SCHOOL MEDICAL NEEDS' POLICY BEFORE COMPLETING THE FORM.

MEDICINES

NO CHILDREN SHOULD BE GIVEN PRESCRIPTION OR NON-PRESCRIPTION MEDICINES WITHOUT THE PRIOR WRITTEN CONSENT OF THEIR PARENT OR BRING THEM INTO SCHOOL WITHOUT THE KNOWLEDGE OF THE INCLUSION LEADER/HEAD TEACHER.

Children should not bring in any medicines into school in their book bags or pockets.

School will not store large volumes of medicines.

School will only store and administer/supervise the administration of medicine that has been specifically prescribed for an individual child and after discussion with parents and a written agreement made (completion of Form 3).

In the event of a short-term illness (e.g. an ear infection), and where the child is fit enough to attend school, parents/carers are asked to meet with the Head Teacher before or after school to provide up-to date information and sign the necessary forms.

School will only administer medication such as antibiotics if four doses a day are required and the second dose corresponds with dinner time.

Parents are expected to administer medicines at home before school and straight after school if three doses are required.

Any medication brought into school for short-term illness must be handed to the Head Teacher/office staff immediately by the parent.

Medicines are secured in a cupboard in the Head Teacher's office or, if appropriate, in the refrigerator in the staff room.

Medicines will only be accepted in the original container in which it has been dispensed, clearly labelled with the child's name, with clear instructions about administration, dosage and frequency.

Luena Archibald/Rebecca Nayler will administer/supervise the self-administration of medicines. This will be logged on Form 5 and witnessed by another member of staff. Children should know where their medication is at all times (dependent on age, understanding and maturity).

With the agreement of the Send Co/Head Teacher, children can use prescription emollient creams for the relief of skin conditions such as eczema

Children will be encouraged to self-administer wherever possible (with due consideration of age, maturity and understanding)



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FORM 1		
Name of Child		
Date of birth		
Class		
Name of adult and relationship to child		
Contact telephone number		
Type of medicine and name of prescribed medicine		
Date dispense / expiry date		
Quantity received/dosage		
Timing		
Self administration?	Yes	No
Side effects?		
Special precautions?		
Agreed review dates		

FORM 2

PARENTS/CARERS

The above information is, to the best of my knowledge, accurate at the time of writing and I give my consent to the setting staff administering medicine in accordance with school policy. I will inform the setting immediately, either verbally or in writing if there is any change in the dosage or frequency of the medication or if the medicine is stopped. I understand that I must deliver the medicine personally to the school office and pick it up at the end of the school day.

.....

Signed

.....

Date

If more than one medicine is to be administered, a separate form should be completed for each one.

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FORM 3

STAFF

It is agreed that the child named above will receive the medicine as detailed above. They will be given/supervised whilst they take the medication by:

-Luena Archibald

-Rebecca Nayler

This arrangement will continue until _____ (either the end date of the course of medicine or until instructed by parents/carers).

.....

Signed/ Role

.....

Date

FORM 4

Record of medicine administered to child

Date				
Time given				
Dose given				
Staff name				
Signature (initials)				

Date				
Time given				
Dose given				
Staff name				
Signature (initials)				

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Date				
Time given				
Dose given				
Staff name				
Signature (initials)				

Date				
Time given				
Dose given				
Staff name				
Signature (initials)				

Date				
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Dose given				
Staff name				
Signature (initials)				