



Consent for Administration of Medication

All students requiring medication in school must have the following forms completed by parents / carers before the college can agree to administer medication. I would like to make you aware of our medicines policy for administration of prescribed medication and medicines over the counter. Our full policy can be found on the college website.

Prescribed Medication

As far as possible, we ask parents to ensure that medicines can be taken outside of the college day. If your son / daughter is required to take prescribed medication during the college day, please complete the consent form, **Form 3**. The medication will be kept in our First Aid room and administered by the college First Aider when required. This medication should be provided in the original container with the following clearly shown on the label:

- Child's name, date of birth
- Name and strength of medication
- Dose
- Expiry Date whenever possible
- Dispensing date

The medication is regularly audited and as a parent / carer, you must ensure that there is sufficient medication and that it is in date.

Over the Counter Medicines

If your son / daughter is required to take medicines that are available over the counter, the College has adopted the policy to self administer. We suggest that your son / daughter only carry the daily amount of medication required. Please complete the consent form, **Form 5**.

Consent forms are required to be completed, as verbal instructions for administration cannot be accepted.

If you have any concerns please do not hesitate to contact us at the college.

Bev Stanley
Health and Wellbeing Nurse
01752 556065 (Ext 4159)

FORM 3

Parental agreement for school to administer medicine

The school will not give your child medicine unless you complete and sign this form,

Name of School/Setting _____

Name of Child: _____

Date of Birth: _____

Tutor Group: _____

Medical condition/illness: _____

Medicine

Medicine Name/Type of Medicine/ strength of medicine (as described on the container):	
Date dispensed:	
Expiry date:	
Agreed review date to be initiated by [name of member of staff]:	
Dosage and method: How much to give?	
Timing: When should it be given?	
Special Precautions:	
Are there any side effects that the school/setting needs to know about?	
Self Administration:	Yes/No (delete as appropriate)
Procedures to take in an Emergency:	

This medication has been prescribed for my child by: **(the school may contact the GP for verification purposes)**

Name of GP: _____

Surgery: _____

Please confirmed that it is necessary to give this medication during the school day: Yes / No

The medication must be in the original container as dispensed by the pharmacy, indicating the contents, dosage, timings of dosage and child's full name. These details must be consistent with the 'medicine details' you have completed above.

- The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff to administer medicine in accordance with the school policy.
- I understand that I must deliver the medicine personally to the school First Aider.
- I accept that this is a service that the school is not obliged to undertake.
- I understand that I must notify the school immediately in writing of any changes in dosage or timings of dosage or if the medicine is stopped.

This form will need to be completed annually for students requiring long term medication, and may form part of a Health Care Plan review.

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

Parent / Carer Name: _____

Signature(s): _____

Relationship to child: _____

Date: _____

FORM 5

Request for child to carry his/her medicine

THIS FORM MUST BE COMPLETED BY THE CHILD'S PARENTS/GUARDIAN

Medicines are not allowed in school unless they are considered absolutely necessary in the opinion of health professionals and agreed by the school.

In making this request for a child to carry medicines, it is expected that parents will have sought the advice of a health professional and are certain that the medicines are necessary. School staff, other than health professionals, are unable to prescribe or give medicines themselves. If staff have any concerns the request should be discussed with the school healthcare professionals.

Name of School/Setting:	
Child's Name:	
Group/Class/Form:	
Address:	
Name of Medicine:	
Procedures to be taken in an emergency:	

Contact Information

Name:	
Daytime Phone No:	
Relationship to child:	

I would like my son/daughter to keep his/her medicine on him/her for use as necessary.

Signed: _____

Date: _____

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