



Parental Request for Administration of Medicine

Staff at school, are not obliged to administer medication to children. However, it is the school policy for **appropriate staff**, wherever possible, to assist children and parents by supervising or administering medicines **when this is essential**. Where a child needs a high frequency of medication we request that parents visit school to administer this. Please note that medicines cannot be administered during lesson times, unless absolutely necessary.

Certain conditions must be considered before agreeing to requests to administer medicine to the children in our care.

1. Parents/Carers must ensure that all medicines are clearly marked with the name of the child, the dosage and the times that the medicine should be administered. (Please provide a spoon).
2. Parents/Carers (not children) must hand the medicine directly to the office staff or the class teacher.
3. Parents/Carers **MUST** fill in the consent form below and return it, giving permission for the medicine to be administered at the school.
4. We expect junior children to take increasing responsibility for themselves as they get older and remember the times when their medication is to be administered.
5. Inhaler medication must be handed in to the office or class teacher, with a completed emergency inhaler consent form if the inhaler is to be kept at school. (See overleaf)
6. Parents of children with more complex medication needs must contact school.

THR LANES PRIMARY SCHOOL Parental Request for Administration of Medicine

Child's Name Class

I request and give my consent that my child should be given the medicine detailed below:

THE MEDICINE (To be completed by Parent/Carers)

Name of Medication	Duration of course	Dosage prescribed	Date prescribed	Breaktimes to be given	Completed
				Morning Lunch Afternoon (please circle)	

Signature of Parent/CarerDate.....



Consent Form for use of an Emergency Inhaler to be kept in School

1. I can confirm that my child has been diagnosed with asthma/has been prescribed an inhaler (delete as appropriate).
2. My child has a working, in-date inhaler, clearly labelled with their name, which will be kept in school.
3. In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive Salbutamol from an emergency inhaler held by the school for such emergencies.

Child's name: Class:

Parent's name and contact details:

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Telephone number: Email:

Inhaler details: Name of medication:

Number of puffs:

Frequency:

Signed:

Name: Date: