

Styal Primary School
Administration of Medicines Consent Form

In the event that you are unable to come into school to administer medication yourself, as a last resort you can request the school to give medication at the discretion of the Headteacher.

This request should be made to the relevant first aider

I request that (FULL NAME OF PUPIL) be given the following medicine(s) while at school.

Name of Medication

Duration of Course

Dose prescribed

Date prescribed

Time last given

Time to be given: at lunchtime/as required (please delete) Other:

(please note that medicines are usually only given at lunchtime except in **exceptional** circumstances)

The above medication has been prescribed by the family or hospital doctor. The packaging is clearly labelled indicating contents, dosage and child's name in FULL.

I understand that the medicine must be delivered to the school and collected by me or the under-mentioned responsible adult. **UNDER NO CIRCUMSTANCES MUST CHILDREN BRING MEDICINES INTO SCHOOL.**

I/We accept that this is a service which the school is not obliged to undertake and also agree to inform the school of any change in dosage immediately.

I/We accept, for ongoing medication, responsibility for checking medication is in-date.

Signed

Name (printed)

Relationship to child

Contact telephone number

Date

Note to Parents:

1. Medication will not be accepted by the school unless this form is completed and signed by the parent or legal guardian of the child and that the administration of the medicine is agreed by the relevant first aider.
2. The agreement (for long term medicines) will be reviewed on a termly basis
3. The governors and Headteacher reserve the right to withdraw this service.

Agreement of a staff member:

I agree to administer the above. I will record time, date, dosage and sign the reverse of this form when I administer the medication. At the end of the course of medication, I agree to ensure medicines (even empty containers) are returned to the parent/guardian and hand this form to the office for filing in the child's records.

Name..... Date