

APPENDIX 4

ADMINISTRATION OF PRESCRIBED MEDICINES IN SCHOOLS CONSENT FORM

PART A – DETAILS OF A PUPIL WHO REQUIRES MEDICINE TO BE ADMINISTERED AT SCHOOL

To be completed by the parents of the pupil

This form must be completed by the parents of children to ask the Headteacher if prescribed medicine can be administered to their son/daughter whilst they are at school. If more than one medication is to be given a separate form should be completed for each.

School/College:

The school will not give your child medicine unless you complete and sign this form, and the Headteacher has agreed that school staff can administer the medication.

My son/daughter requires their prescribed medicine to be administered at school.

Surname: Forenames:

Home Address:

Date of Birth: Class/Form:

Condition or illness:

MEDICINE DETAILS:

Name/Type of medicine (as described on the container)

Name and address of the Prescriber (GP) of the medicine

Date when the medicine was dispensed: Starting date of the medicine: Ending date of the medicine:

Expiry Date of Medicine

CONTACT DETAILS:

Name:

Relationship

Home address:

Daytime Contact number:

Where the school considers a Healthcare Plan is required then it should be completed.

PART B – UNDERTAKING BY THE PARENTS

I understand that I must deliver the medicine personally to

(agreed staff member)

In the case of children uses LEA provided transport to school I understand I must deliver the medicine to the escort or driver with a completed copy of this form.

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school / setting staff to administering medicine in accordance with the school / setting policy. I will inform the school / setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

I/We will personally further supplies of medicine to the nominated member of staff at school before the current supply expires.

I/We accept this is a service which the school is not obliged to undertake.

I /We where relevant will ensure that second devices e.g. adrenaline pen will be provided.

I/We will be responsible for receiving the discontinued / expired medicine from the school. If we do not collect expired or discontinued medicine from school within 14 days of being asked to do so we understand this will be disposed of by the school.

Signature(s)

Date

Relationship to the pupil:

PART C TO BE COMPLETED BY THE SCHOOL (COPY RETURNED TO PARENTS)

1. FOR PUPILS WHO REQUIRE PRESCRIBED MEDICINE TO BE ADMINISTERED AT SCHOOL

I agree that
(name of pupil)

Will receive
(quantity and name
of the medicine)

at (times of
administration)

Your child will be supervised
whilst they take their prescribed
medicine by the following members
of staff:

You must personally bring your
child's prescribed medicine
to school and hand it to (insert name)

Your child's prescribed medicine
will be stored in the following location:

This arrangement will continue until the end date of the medicine or until instructed by the parents.

**2. FOR PUPILS WHO ARE PERMITTED TO CARRY AND SELF ADMINISTER THEIR OWN
PRESCRIBED ASTHMA MEDICATION/DIABETIC DEVICE/ ADRENALINE (EPINEPHRINE)
PEN (secondary schools only) AT SCHOOL**

I agree that
(name of pupil)

Will be allowed to carry and self-administer their prescribed asthma medicine / adrenaline pen /
Diabetic device whilst in school and that this arrangement
will continue until

Signed:
Headteacher

Date:

The school will not give your child medicine unless you complete and sign this form and the
Headteacher has agreed that school staff can administer the medication.