

ADMINISTRATION OF MEDICINES IN SCHOOLS

Name of school: .....

Name of pupil: .....

Address: .....

.....

Medical condition of pupil: .....

Name of prescribing doctor: .....

Medicine: .....

Dose: ..... Frequency of dose: .....

1. I confirm that the above medicine has been prescribed by a doctor, and that I give my permission for the Head Teacher (or his/her nominee) to administer the medicine to my son/daughter during the time he/she is at school.

Signed: ..... Date: .....  
(Parent/Carer/Person with parental responsibility)

2. I give permission for my son/daughter to carry their asthma inhaler with them whilst at school and to manage its use.

Signed: ..... Date: .....  
(Parent/Carer/Person with parental responsibility)

3. I give permission for my son/daughter to administer the medication themselves.

Signed: ..... Date: .....  
(Parent/Carer/Person with parental responsibility)

(See notes for guidance overleaf)

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## NOTES OF GUIDANCE

- 1) The Head Teacher (or his/her nominee) will only administer medicines prescribed by a doctor.
- 2) This form should be completed by the parent or carer of the pupil and be delivered personally together with the medicine, to the Head Teacher or his/her nominee.
- 3) The medicine should be in date and clearly labelled with:
  - a. Its content;
  - b. The owners name;
  - c. Dosage;
  - d. The prescribing doctor's name
- 4) The information given overleaf is requested, in confidence, to ensure that the Head Teacher is fully aware of the medical needs of your child.

While no staff member can be compelled to give medical treatment to a pupil, it is hoped that the support given through parental consent, the support of the County Council through these guidelines, and the help of the School Medical Service will encourage them to see this as part of the pastoral role. Where such arrangements fail it is the parents'/carers' responsibility to make appropriate alternative arrangements.

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