

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)

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)

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.

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.



CONSENT FORM:
USE OF EMERGENCY
SALBUTAMOL INHALER

'Spurring each other on with love'

Child showing symptoms of asthma/ having asthma attack

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 they will bring with them to school every day.
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.

Parent's/Carer's signature: Date:

Name: (please print)

Child's name: Class:

Parent's/Carer's address and contact details:

.....
.....

Telephone: E-mail:



CONSENT FORM:
USE OF EMERGENCY
SALBUTAMOL INHALER

'Spurring each other on with love'

Child showing symptoms of asthma/ having asthma attack

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 they will bring with them to school every day.
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.

Parent's/Carer's signature: Date:

Name: (please print)

Child's name: Class:

Parent's/Carer's address and contact details:

.....
.....

Telephone: E-mail: