

Consent for the administration of medication in school 2023-2024

In order for your child to be supervised during the administration of any medicines at school, or to be given medication by a member of staff, the following information is required to be completed by the parent/carer and sent to the Head Teacher. All doses given by staff during school hours will be recorded on the school medicine record sheet and will be given in strict accordance with the prescription if prescribed.

Class		Name of Pupil	
Address			
Date of Birth		Condition the medication is for	

Name of medicine	Dose	Frequency / Times	Date of completion of course / length of course / expiry date
Date medicine prescribed		Medicine prescribed by (GP/Pharmacist name)	

* I will drop off and collect the medicine on a daily basis

* I will leave the medicine in school until the end of the course

(* delete as applicable)

* The medicine should be stored in the fridge

Additional information (about the medicine) or specific instructions _____

- Medicine must be delivered personally to the school office who will record the information and send the medication down to the classroom to be stored in an orange bag.
- Parents/carers are encouraged to ask GPs to prescribe an antibiotic which can be given outside of school hours wherever possible. Three times a day doses can be given before and after school and at bedtime.
- Any prescribed medicine must be supplied to the school in a container clearly labelled (by the Pharmacist) with the name of the medicine, full instructions for use and the name of the pupil.
- All medicines should be in the original container bearing the manufacturer's instructions for administration, dosage, and storage (the school may refuse to administer any medicines supplied in inappropriate containers).
- Medications must be renewed when required as the school cannot administer out-of-date medications.
- The Head Teacher reserves the right to withdraw this service.

This form should be renewed by the parent/carer if there are any changes to a pupil's medication or dosage.

Parent/Carer Signature: _____

Name (Block Capitals) _____

Relationship to Child: _____

Date: _____

Office use only Class Copy EdGen EdGen scan file

