If your child needs to take medication during school hours, please fully complete the form on the reverse.

This agreement is to authorise the school to give medication to your child for both short and long term medical needs. This is also required for children who self-administer an asthma inhaler.

Please only send medication to school if it is essential that it is given to your child during the school day, rather than before or after school.

No medication whatsoever will be administered to your child without the appropriate signed form.

In certain circumstances, for example asthma inhalers, can be carried by your child. Please complete the request for your child to carry his/ her medicine form.

The school will keep a record of each occasion a pupil is given or supervised taking medication.

**Parental responsibilities**

* All medication **must** be handed to the school office in the original prescribed container. All medication is labelled with the pupil’s name, the name of the medication, expiry date and the prescriber’s instructions for administration, including dose and frequency.
* Please ensure that the school always has a current daytime number so we can contact you in case of an emergency.
* No child will be administered any medication containing aspirin or ibuprofen unless prescribed by a doctor**.**
* Children may not carry and administer their own medicines unless it is medically required, e.g., inhaler.
* If a child refuses to take their medication, staff will not force them to do so, but will note this in the records and contact the parents immediately.
* Parents are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal. They should also collect medicines held at the end of each term/ school year as appropriate.
* All parents of pupils with a medical condition who may require medication in an emergency are asked to complete a Healthcare Plan for staff to administer medication.

**Storing Medicines**

* Staff will only store, supervise and administer medicine that has been prescribed for an individual child. Large volumes of medicines will not be stored in school.
* Medicines will be stored strictly in accordance with product instructions (paying particular note to temperature) and in the original container in which dispensed.
* Staff will ensure that the supplied container is clearly labelled with the name of the child, the name and dose of the medicine and the frequency of administration.

**Controlled drugs**

* The supply, possession and administration of some medicines are controlled by the Misuse of Drugs Act and its associated regulations. Some may be prescribed as medicines for use by children, e.g. Methylphenidate, morphine.
* The school will look after a controlled drug, where it is agreed that it will be administered to the child for whom it has been prescribed. Controlled drugs will be kept in a locked non-portable container and only named staff should have access. A record will be kept for audit and safety purposes.
* Controlled drugs will be returned to the parent when no longer required to arrange for safe disposal. If this is not possible, it will be returned to the dispensing pharmacist.

For further details please refer to the Supporting Pupils with Medical Needs Policy which can be found on the school’s website.

The school will not give your child medicine unless you fully complete and sign this form.

|  |  |
| --- | --- |
| Name of child |  |
| Date of birth |  |
| Tutor group |  |
| Medical condition or illness |  |
| Name/type of medicine *(as described on the container)* |  |
| Strength of medicine |  |
| Is this a controlled drug? Yes/ No |  |
| Date of issue |  |
| Expiry date |  |
| Dosage |  |
| Method of administering (tablet, liquid, cream) |  |
| When should the medication be taken? How much and when taken. If as needed, please give examples. |  |
| Special precautions/other instructions |  |
| Are there any side effects that the school needs to know about? |  |
| Self-administration – Yes/ No |  |
| Procedures to take in an emergency |  |
| **NB: Medicines must be in the original container as dispensed by the pharmacy. All medication must be labelled with the pupil’s name, the name of the medication, expiry date and the prescriber’s instructions for administration, including dose and frequency.**  (This is for all forms of medicines including tablets, inhalers, throat lozenges, painkillers, etc.) | |
| Parent/ Carer name |  |
| Daytime telephone no. |  |
| Relationship to child |  |

**I understand that I must deliver the medicine personally to the school office (unless previously arranged).**

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped. I understand that this is a service which the school is not obliged to undertake.

Signature of parent/ carer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date