Tollgate Community Junior School

Parental Medical Administration Consent Form

To be completed by the parent/guardian of any child to whom drugs may be administered under the supervision of school staff. The school will not give your child medicine unless you complete and sign this form, and the school has a policy that the staff can administer medicine.

If you need help to complete this form, please contact the School or the Health Visitor attached to your doctor's surgery.

Please complete in block letters

Name of child	
Date of birth	
Class	
Medical condition or illness	

MEDICINE

Name/type of medicine *(as described on the container)*	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	**Mrs Fegan between Monday 19th or Tuesday 20th June between 8.30 and 9.30 am.**

A separate form must be completed for each medicine.

I accept that I must deliver the medicine personally to (agreed member of staff). The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to the school staff administering medicine in accordance with their 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 it may be necessary for this treatment to be carried out during educational visits and other out of school activities, as well as on the school premises.

I undertake to supply the school with the drugs and medicines in properly labelled containers.

I accept that whilst my child is in the care of the school, the school staff stand in the position of the parent and that the school/setting staff may therefore need to arrange any medical aid considered necessary in an emergency, but I will be told of any such action as soon as possible.

Signature(s) _____ **Date** _____

In response to Education Department Guidelines, the school has developed a policy regarding the administration of medicines. Parents/Carers are reminded that there is no requirement for school staff to undertake this responsibility and staff who do so are acting in a voluntary capacity. You are requested to assist the school by co-operating with the school policy. Children who are generally unwell should not be in school and should not return until they are able to participate in the full curriculum.

Our aim is to encourage the independence of pupils and support those pupils who require medication during school hours. The school will not undertake invasive procedures, including the giving of injections. **WHERE POSSIBLE DRUG REGIMES SHOULD BE ARRANGED SO THAT DOSES ARE NOT REQUIRED TO BE GIVEN DURING THE SCHOOL DAY.** Is this is unavoidable Parents/Carers are required to provide the smallest practical dose, in a labelled container (label to give details of medication, dose and child's name) and a completed medicine administration form (this form), giving detailed information and instruction.

Please also note that because school staff cannot be required to administer medicines and are acting in a voluntary capacity, you as parents retain the legal responsibility for administering medicines at all times.