

PRESTON PRIMARY SCHOOL

ADMINISTRATION OF MEDICINES IN 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 Headteacher (or his/her nominee) to administer the medicine to my son/daughter during the time he/she is at school.

Signed:.....
(parent/carer/person with parental responsibility)

Date:

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

Signed:.....
(parent/carer/person with parental responsibility)

Date:

3. I give my permission for my son/daughter to manage the use of his/her own pen injector for diabetes.

Signed:.....
(parent/carer/person with parental responsibility)

Date:

NOTES OF GUIDANCE

1. The headteacher (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, to the school office where it is kept in a locked cupboard.
3. The medicine should be in date and clearly labelled with:
 - a. Its contents
 - b. The owner's name
 - c. Dosage
 - d. The prescribing doctor's name
4. The information given is requested, in confidence, to ensure that the headteacher is fully aware of the medical needs of your child.

While no member of a staff can be compelled to give medical treatment to a pupil, it is hoped that the support given through parental consent, 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 fall it is the parents' responsibility to make appropriate alternative arrangements.