



ADMINISTRATION OF MEDICINES IN SCHOOLS

Name of Pupil: _____

Address: _____

Medical condition of pupil _____

Name of prescribing doctor _____

Medicine _____

Dose _____

Frequency of dose _____

Quantity received ml / number of tablets

I confirm that the above medicine has been prescribed by a doctor, and that I give permission for the Head of Academy (or her nominee) to administer the medicine to my son/daughter during the time he/she is at school.

Signed (Parent/Carer): _____ Date: _____

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NOTES FOR GUIDANCE

1. The Head of Academy (or her nominee) will only administer medicines prescribed by a doctor.
2. This form should be completed by the parent or guardian of the pupil and be delivered personally, together with the medicine, to the Head of Academy her nominee.
3. The medicine should be in date and clearly labelled with:
 - a) its contents;
 - b) the owner's name;
 - c) dosage; and
 - d) the prescribing doctor's name.
4. The information given above is requested, in confidence, to ensure that the Head of Academy 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 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' responsibility to make appropriate alternative arrangements.