

**APPENDIX 4**

**ADMINISTRATION OF PRESCRIBED MEDICINES IN SCHOOLS CONSENT FORM**

**PART A – DETAILS OF A PUPIL WHO REQUIRES MEDICINE TO BE ADMINISTERED AT SCHOOL**

**To be completed by the parents of the pupil**

This form must be completed by the parents of children to ask the Headteacher if prescribed medicine can be administered to their son/daughter whilst they are at school.  
If more than one medication is to be given a separate form should be completed for each.

School/College:

The school will not give your child medicine unless you complete and sign this form, and the Headteacher has agreed that school staff can administer the medication.

My son/daughter requires their prescribed medicine to be administered at school.

Surname:  Forenames:

Home Address:

Date of Birth:  Class/Form:

Condition or illness:

**MEDICINE DETAILS:**

Name/Type of medicine (as described on the container)

Name and address of the Prescriber (GP) of the medicine

Date when the medicine was dispensed:  Starting date of the medicine:  Ending date of the medicine:

Expiry Date of Medicine

**FULL DIRECTIONS FOR USE – NB Medicines must be supplied in their original container as dispensed by a pharmacy labelled with your child’s name and clear instructions for use. Product must be in date**

Dosage and amount to be given  
(as per label):

Method of administration: In the case of liquid medicines a suitable measuring device to administer the required dose should be supplied.

Timing of administration:

Special precautions:

Side effects:

Procedures to be taken in an emergency:

Self-Administration  
Yes / No/Yes with supervision

\*Request my child is able to carry their own asthma Inhaler/ adrenaline pen/diabetes device  
Yes / No

Child must be able to competently self-administer their medicine without supervision.

**CONTACT DETAILS:**

Name:  Relationship

Home address:

Daytime Contact number:

**Where the school considers a Healthcare Plan is required then it should be completed.**

**PART B – UNDERTAKING BY THE PARENTS**

I understand that I must deliver the medicine personally to  a member of the school's Office staff.

In the case of children uses LEA provided transport to school I understand I must deliver the medicine to the escort or driver with a completed copy of this form.

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school / setting staff to administering medicine in accordance with the school / setting policy. I will inform the school / setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

I/We will personally further supplies of medicine to the nominated member of staff at school before the current supply expires.

I/We accept this is a service which the school is not obliged to undertake.

I /We where relevant will ensure that second devices e.g. adrenaline pen will be provided.

I/We will be responsible for receiving the discontinued / expired medicine from the school. If we do not collect expired or discontinued medicine from school within 14 days of being asked to do so we understand this will be disposed of by the school.

Signature(s)  Date

Relationship

**PART C TO BE COMPLETED BY THE SCHOOL ( COPY RETURNED TO PARENTS)**

**1. FOR PUPILS WHO REQUIRE PRESCRIBED MEDICINE TO BE ADMINISTERED AT SCHOOL**

I agree that  
(name of pupil)

Will receive  
(quantity and name  
of the medicine)

at (times of  
administration)

Your child will be supervised  
whilst they take their prescribed  
medicine by the following members  
of staff:

You must personally bring your  
child's prescribed medicine  
to school and hand it to:

a member of the school's Office staff.

Your child's prescribed medicine  
will be stored in the following location:

This arrangement will continue until the end date of the medicine or until instructed by the parents.

**2. FOR PUPILS WHO ARE PERMITTED TO CARRY AND SELF ADMINISTER THEIR OWN PRESCRIBED ASTHMA MEDICATION/DIABETIC DEVICE/ ADRENALINE (EPINEPHRINE) PEN (secondary schools only) AT SCHOOL**

I agree that  
(name of pupil)

Will be allowed to carry and self-administer their prescribed asthma medicine /  
adrenaline pen /  
Diabetic device whilst in school and that this arrangement  
will continue until

Signed:  
Headteacher

Date:

**The school will not give your child medicine unless you complete and sign this form and the Headteacher has agreed that school staff can administer the medication.**