 Parental agreement for school to administer medicine The School will not give your child medicine unless you complete and sign this form, and the school has a policy that staff can administer medicine.

|  |  |
| --- | --- |
| Name of School | The Greater Horseshoe School |
| Date |  |
| Childs name |  |
| Name and strength of medicine |  |
| Expiry date |  |
| How much to give (i.e. dose to be given) |  |
| When to be given |  |
| Reason for medication |  |
| Number of tablets/quantity to be given to school |  |
| Time limit – please specify how long your child needs to be taking the medication | \_\_\_\_\_\_\_\_\_day/s \_\_\_\_\_\_\_\_week/s other \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Note: Medicines must be in the original container as dispensed by the pharmacy | |
| Daytime phone number of parent/carer |  |
| Name and phone number of GP |  |
| Agreed review date to be initiated by (ZA) |  |
| 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. | |

**Administration of Medicines in Schools**

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

Parent’s signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_ (Parent/Guardian)

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

Parent’s signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_ (Parent/Guardian)

1. I give permission for my teenage son/daughter to carry their adrenaline auto injector for anaphylaxis (epi pen)

Parent’s signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_ (Parent/Guardian)

NOTES OF GUIDANCE

• The Head Teacher (or his/her nominee) will only administer medicines prescribed by a doctor. This form should be completed by the parent or guardian of the pupil and be delivered personally, together with the medicine to the Head Teacher of his/her nominee. The medicine should be in date and clearly labelled with: a) its contents; b) the owners name; c) dosage; d) the prescribing doctor’s name The information given is requested, in confidence, to ensure that the Head Teacher is fully aware of the medical needs of your child.