

# Administration of Medication to Pupils Agreement between Parents and School

A parent must supply a written request in order for medication to be administered to pupils during school hours. It is only possible to administer medication that the child's doctor has prescribed. School staff cannot administer 'over-the-counter' medication.

It is also important to keep the administration of medication to a minimum and parents are requested to consider the possibility of administering the daily doses out of school hours. If this is not possible the following consent form must be completed and returned to the school:

**Note: Medicines must be kept in the original container as dispensed by the pharmacy.**

<b>Part 1 – To be Completed by Parent/Carer</b>	
<b>To the Headteacher:</b> <i>(add name)</i> _____	<b>School:</b> _____
My child ( <i>name</i> ) _____ Date of birth: _____	
Class _____ has the following medical condition _____	
I wish for him/her to have the following medicine administered by school staff, as indicated below:	
Name of Medication: _____	
Dose/Amount to be given: _____	
Time(s) at which to be given: _____	
Means of administration: _____	
How long will the child require this medication to be administered? _____	
Known side effects and any special precautions (please attach details) _____	
Procedures to take in case of emergency (please attach details) _____	
<b>Emergency Contact 1</b>  Name: _____  Telephone <i>Work:</i> _____  <i>Home:</i> _____  <i>Mobile:</i> _____  Relationship: _____	<b>Emergency Contact 2</b>  Name: _____  Telephone <i>Work:</i> _____  <i>Home:</i> _____  <i>Mobile:</i> _____  Relationship: _____

*I undertake to deliver the medicine personally to the Headteacher or Medication Coordinator and to replace it whenever necessary. I also undertake to inform the school immediately of any change of treatment that the doctor or hospital has prescribed.*

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Date: \_\_\_\_\_

## **Part 2 - To be completed by Headteacher/Medication Coordinator**

### **Confirmation of agreement to administer medicine**

It is agreed that (*child*) \_\_\_\_\_ will receive (*quantity and name of medicine*)  
\_\_\_\_\_ every day at (*time medicine to be administered, for example, lunchtime or afternoon break*) \_\_\_\_\_.

(*Child*) \_\_\_\_\_ will be given medication or supervised whilst he/she takes it by  
(*name of member of staff*) \_\_\_\_\_.

This arrangement will continue until \_\_\_\_\_ (*either the end date for the course of medicine or until the parents instruct otherwise*).

Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
*Headteacher/Medication Coordinator*

School: \_\_\_\_\_