

SOP 1 Special School Nursing - Administration of Medication in Special Schools

Appendix 1

Special School Nursing Consent Form – Administration of REGULAR medication in Special Schools. Medicines must be in the original container as dispensed by the pharmacy

Name of School: _____ Group/Class/form: _____

Name of Child: _____ D.O.B _____

Name of parent/Carer: _____

Contact details of parent/Carer: _____

GP Name /Surgery and Contact Details: _____

Allergies (Please give details of type of reaction e.g. vomiting, rash): _____

Please list all medication your child is currently prescribed on a regular basis: (including emergency medication such as inhalers or buccal midazolam)

Name and Strength of Medication	Dose	Frequency (How many times a day) and any other special instructions eg. take with food

I will inform and consent immediately, in writing of any changes to my child's medicines.

If any acute courses of medications are required to be given in school time i.e. antibiotics, etc, a letter of authorisation and corresponding prescribed medicine must be brought into school and a separate medication form for administration of acute course of medicines completed.

I accept that this is a service the school is not obliged to undertake and give my consent for the medicines listed above to be given as prescribed to my child.

Signed: _____

Date: _____

Appendix 2

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Approval of Procedure			
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