

ADMINISTRATION OF MEDICINES IN SCHOOLS

Name of Pupil:	
Address:	
Medical condition of pupil	
Name of prescribing doctor	
Medicine	
Dose	
Frequency of dose/ Times to be taken	
confirm that the above medicine has been propermission for the Head of Academy (or her no son/daughter during the time he/she is at scholoconfirm that if my child is in KS2 they will self-	ominee) to administer the medicine to my ol.
Signed (Parent/Carer):	Date:

NOTES FOR GUIDANCE

- 1. The Head of Academy (or her nominee) will only administer medicines prescribed by a doctor however the Department of Education guidance states that in exceptional circumstances non-prescribed medicines can be administered if written parental permission is provided.
- 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.