

# Stowford School - Medicines Form



## Parental Request/Consent for School to Administer Medicine

The School will not give your child medicine unless you complete and sign this form. Medicine is administered in accordance with the school policy.

Date	
Name of Child	
Class	
Name and strength of medicine	
Expiry Date	
How much to give (i.e. dose to be given)	
Date and time of previous dose given by parent/carer	
When to be given in school (i.e. time)	
Reason for medication	
Time limit - please specify how long your child needs to be taking the medication	..... days    ..... weeks Other .....

**Note: Medicines must be in the original container as dispensed by the pharmacy and clearly labelled with the child's name and dosage.**

**Medicine must be delivered to school and collected by an adult.**

Daytime telephone number of parent/adult contact	
Name and telephone number of GP	

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 medicine policy.

## Administration of Medicines in Schools

I confirm that the medicine detailed on this form has been prescribed or recommended by a doctor. I give my permission for the Headteacher (or their nominee) to administer the medicine to my child during the time they are at school. I will inform the school immediately, in writing, if there is any change in dosage/frequency of the medication or the medicine is stopped.

**Parent's signature:** ..... **Date:** .....  
(Parent/Carer/Person with parental responsibility)

### Asthma:

I give permission for my son/daughter to use an asthma inhaler in school following the procedures in the school medical policy.

**Parent's signature:** ..... **Date:** .....  
(Parent/Carer/Person with parental responsibility)

### NOTES OF GUIDANCE

- The Head Teacher (or their nominee) will only administer medicines prescribed/recommended by a doctor. Exceptions to this may be agreed by the Headteacher, e.g. Calpol where a child suffers regular headache, earache etc. or has a fracture (but not administered for occasional coughs/colds).
- This form should be completed by the parent/carer of the pupil and be delivered personally, together with the medicine, to the School Office.
- Please note that the school can only administer prescribed medicine (e.g. antibiotics required **four times a day**). Any other prescribes medicines must be worked around the school day. Please note that we cannot administer creams, eye drops or anything into ears. Throat sweets are not permitted.
- The medicine should be in date and clearly labelled with:
  - a) its contents                      c) dosage
  - b) the owner's name              d) the prescribing doctor's name
- The information given on this form is requested, in confidence, to ensure that the Headteacher is fully aware of the medical needs of your child.

While no staff member can be compelled to give medication to a pupil, it is hoped that the support given through parental consent 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.

For further information, please see the school 'Policy for the 'Support of Pupils with Medical Conditions in School includes First Aid Policy/Medicine Policy'.