



Stowford School – Medicine 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 Trust policy.

Date	
Name of Child	
Class	
Name and strength of medicine	
Expiry Date	
Reason for medication	
Dose (How much to be given)	
Time (When to be given in school)	
Date and time of previous dose given by parent/carer	
Time limit - please specify how long your child needs to take 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	

Administration of Medicines in Schools

This 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.

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 Headteacher (or their nominee) will only administer medicines prescribed/recommended by a doctor. Exceptions to this may be agreed by the Headteacher, (see policy for full details).
- This form should be completed by the parent/carer of the pupil and delivered personally, together with the medicine, to the School Office. Medicine should not be delivered/collected by children.
- Please note that the school can only administer prescribed medicine (e.g. antibiotics) required **four times a day**. Any other prescribed 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
 - b) dosage
 - c) 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.