

Administration of Medication to Pupils

Agreement between Parents and School (Appendix 1)

In order to keep the administration of medication to a minimum, the Head or Medication Coordinator should consider requesting that parents administer the daily doses out of school hours. However, if this is not possible it will be necessary for the school and parents to make a formal agreement to enable members of staff to administer medication to pupils during the school day by completing the form below.

In most cases only medication that the child's doctor has prescribed can be administered, hence school staff should not administer 'over-the-counter' medication. However, at the discretion of the Head, it is permissible for paracetamol to be administered provided that the practice is strictly controlled in the same way as is prescribed medication. Further information is given on page 6.

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

| Part 1 – To be Completed by Parent/Carer | |
|---|----------------------------|
| To the Headteacher: (add name) | School: |
| My child (name) _____ 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) | |
| Emergency Contact 1 | Emergency Contact 2 |
| Name: _____ | Name: _____ |
| Telephone _____ | Telephone _____ |
| Work: _____ | Work: _____ |
| Home: _____ | Home: _____ |
| Mobile: _____ | Mobile: _____ |
| Relationship: _____ | Relationship: _____ |
| <i>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.</i> | |
| 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: _____