

# HEALTH CARE IN SCHOOLS AND NURSERIES

## APPENDIX 4

ADMINISTERING MEDICATION: PARENTAL PERMISSION FORM			
PART A: DETAILS OF CHILD			
Surname		Forenames	
Address		Male/Female	
		Date of birth	
Reason for medication (condition/ illness)			
Does the child self administer? <i>(please circle one)</i>		yes    no	
		<i>(if yes please detail below further information and where the medication will be stored)</i>	
PART B: CHILD'S MEDICATION DETAILS			
Name/type of medication <i>(as described on the container)</i>			
For how long will your child take this medication?			
When did your child last take this medication?			
Date dispensed			
Dosage and method			
Timing			
Special precautions			
Possible side effects			
Medication to be held by <i>(please circle one)</i>	child	school staff	

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Medication to be <i>(please circle one)</i>	self-administered by child	given by school staff
<b>Procedures to take in an emergency</b>		
<b>Please detail any other medication that the child is currently taking</b>		
<b>Emergency contact details (two contacts must be provided)</b>		
<b>First contact</b>		
Name		
Relationship to child		
Telephone/mobile number		
Other contact number		
Address		

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<b>Second contact</b>			
Name			
Relationship to child			
Telephone/mobile number			
Other contact number			
Address			
<b>I declare that my child has no adverse affects to this medication</b>			
Signature (person with parental responsibility)		Date	
I/We acknowledge that the above instructions will be carried out by a member(s) of staff who is authorised to administer the medication. We also accept responsibility to arrange for the collection of unused medication at the end of each school year.			
Signature (person with parental responsibility)		Date	
Signature (student over 16 years of age)		Date	

## APPENDIX 5

<b>ADMINISTERING MEDICATION: SCHOOL AGREEMENT AND CONFIRMATION FORM</b>			
I agree that (insert pupil's name)			
Will receive (insert quantity and dose of medication)			
Every day at (insert time medicine to be administered eg lunch time or break time)			
Your child will be: <div style="text-align: center; margin-left: 100px;">                     Given their medication                      Supervised while he/she takes their medication  <i>(please delete as appropriate)</i> </div>			
by (print name of member of staff)			
The arrangements will continue until (insert either end date of course of medication or until instructed by parents)			
Signed Named member of staff		Date	
Signed Headteacher		Date	

**APPENDIX 8**  
**RECORD OF ADMINISTERED MEDICATION**

Pupil's name .....  
Member(s) of staff designated to administer medication.....

Date	Name of medication	Time	Dose given (or reason why dose withheld)	Any reactions	Member of staff/s (print name)	Signature/s	Parents informed of last dose given

**APPENDIX 9**  
**RECORD OF STORED MEDICATION**

Date medication to be stored is received	Name of medication	Name of pupil the medication is for	Expiry date	Where the medication will be stored	Date the medication no longer needs stored