

## Appendix 4A – Administering Medication: Parental Permission Form

To be reviewed at the beginning of each term as a minimum and any changes to medication recorded immediately as required. There should be a separate form for each prescribed medication.

Medication no longer needed to treat the condition it was prescribed or purchased for, or which is out of date, should be returned to the parents/carers.

		<b>DATE:</b>	
<b>PART A: DETAILS OF CHILD</b>			
Surname		Forenames	
Address		Male/Female	
		Date of birth	
Reason for medication (condition/illness)			
Signs and symptoms displayed			
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>	
<b>PART B: CHILD'S MEDICATION DETAILS</b>			
Name/type of medication and strength <i>as stated on the dispensing/product label</i>  E.g. 500mg or 5mg/10ml  Staff should always read and retain the information leaflet which is supplied when a medicine is dispensed by a dispensing doctor, at a pharmacy or bought over the counter			
Date medicine dispensed			

Expiry Date of medication		
Form of the medicine E.g. capsule, tablet, liquid		
Quantity of medicine received		
Storage of medication (Medication should always be supplied to the service in its original container and box clearly labelled with the child's name.)		
Dosage		
Dosage instructions E.g. one tablet to be taken 3 times a day		
Time medication is to be administered If medication is to be administered 'as and when required' please indicate the signs, symptoms and/or conditions for giving medication.		
How long will your child take this medication for?		
Please confirm your child has been given the first dose of this medication at home where possible  This may not include emergency medication such as an adrenaline pen.	Yes/No	
	Date:	Time:
	Any side effects noted? (Please detail)	
When did your child last take this medication?		
Special precautions		
Possible side effects		
Medication to be held by <i>(please circle one)</i>	child	staff

Medication to be <i>(please circle one)</i>	self-administered by child	given by staff
<b>Signs and Indicators that would constitute an emergency situation</b>		
<b>Procedures to take in an emergency (detail in full)</b>  Individual flow charts for children are helpful in detailing actions for staff- these should be provided by NHS where appropriate		

Please detail any other medication that the child is currently taking	
<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	

**I declare that my child has no adverse effects to this medication**

Signature (person with parental responsibility)		Date	
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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.

Signature (person with parental responsibility)		Date	
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Signature (student over 16 years of age)		Date	
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