

Dear Parent/Carer

Administration of Medication Procedures

In line with our the above procedure this letter will serve to confirm that the Head Teacher has agreed that your child's prescribed medication can be administered in the course of the school day for the duration of the course of that medication as agreed and signed for in form AM1.

Once the course of medication has been completed the container/bottle will be returned to you to dispose of appropriately.

Should we hold medication for your child on a long term basis any remaining medication held in School/Nursery at the end of the school term in June each year must be collected from the School Office/Nursery on your child's last day of attendance as we are unable to store any medication over the summer holiday period.

All medicines, including inhalers require to be collected by an adult on the last day of School/Nursery. If you are unable to do so, and are happy for your child to be given any medication we have in School/Nursery to bring home themselves, then please email the School Office/Nursery giving permission for this to happen.

If you need to uplift your child's medication before the last day of term, again please contact the School Office/Nursery and we shall organise this for you.

At the start of each session in August if medication is continuing for your child a new AM1 form will require to be completed and authorised. Please hand this in yourself at the School Office/Nursery on either of the two in-service days. It should be noted that parents are responsible for ensuring that medication provided to the School/Nursery is not beyond its expiry date. Where staff note medication is due to expire it will be returned to you for replacement and for disposal of the bottle/container.

Parents should also be aware that it is Care Inspectorate guidance that Schools/Nurseries should not administer any first dose of new medication. Parents should have already given one dose of any new medication to their child to ensure that the child does not have an adverse reaction to the medication.

The medication form is attached, and available on our website.

Should you have any questions in relation to this advice please do not hesitate to contact the school office/Nursery.

Yours sincerely

Head Teacher

**EAST RENFREWSHIRE COUNCIL
EDUCATION DEPARTMENT**

**REQUEST FOR THE ADMINISTERING OF MEDICINES
IN EDUCATIONAL ESTABLISHMENTS**

The information you supply on this form will be used by East Renfrewshire Council as pupil administrative information. We will use your information to verify your identify where required, contact you by post, email or telephone and to maintain our records. The council will use this information because we need to do so to perform a task carried out in the public interest by the council. If you do not provide us with the information we have asked for then we will not be able to provide this service to you. We also need to process more sensitive personal information about you for reasons of substantial public interest as set out in the Data Protection Act 2018. It is necessary for us to process it to carry out key functions as outlined in law. You can find out more about how we handle this information and your rights in respect of it by going to www.eastrenfrewshire.gov.uk/privacy. If you do not have access to a computer and wish a paper copy please let us know by contacting your child's school.

To the Head Teacher

I request that:

Full name of pupil			
Date of Birth		Class	

be given the following medicine(s) whilst at school:

Medical Condition or illness					
Name/Type of Medicine (as described on container)					
Expiry date					
Duration of course					
Dosage and method					
Time(s) to be given					
Other comments					
Self-Administration (delete as appropriate)	Yes		No		

The above medication has been prescribed by the family or hospital doctor (Health Professional not received as appropriate). It is clearly labelled indicating contents, dosage and child's name in FULL.

Name and telephone number of GP			
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I understand that I must deliver the medicine personally to the school and accept that this is a service that the school is not required to provide. I understand that I must notify the school of any changes in writing.

Print Name (Parent/Carer)			
Signed		Date	
Telephone Number			
Address			

To be completed by the Head Teacher or his/her delegates representative:

I agree to:

Full name of pupil	
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being given:

Name/Type of Medicine
(as described on container)

This agreement expires on:

Date

Note to Parents:

1. Medication will not be accepted by the school unless this form is completed and signed by the parent or legal guardian of the child and that the administration of the medicine is agreed by the Head Teacher.
2. Medicines must be in the original container as dispensed by the Pharmacy.
3. The agreement will be reviewed on a termly basis.
4. The Head Teacher reserves the right to withdraw this service.