**FORM AM1 Appendix 1**

**EAST RENFREWSHIRE COUNCIL: EDUCATION DEPARTMENT**

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

To the Head Teacher:

I request that ………………………………………………… (Full name of Child) be given the following medicine(s) while at Nursery:

Date of birth...………………………… Group………………………

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 ………………….....

Has the child received two doses of this medication at home?

If no please discuss with PT, SCDO or First Aider .…………………………………………….

What signs, symptoms, or situations indicate that this medicine should be given?

…………………………………………………………………………………….……………………

…………………………………………………………………………………….……………………

Other Comments …………………………………………………………………..………..………..

Self-administration Yes/No (delete as appropriate)

The above medication has been prescribed by the family or hospital doctor (Health Professional note received as appropriate). It is clearly labelled indicating contents, dosage and child’s name in FULL.

Name and telephone number of GP ……………………………………………….

I understand that I must deliver the medicine personally to the school office/nursery and accept that this is a service that the nursery is not required to provide. I understand that I must notify the school of any changes in writing.

Signed ……………..……………………Print Name ………………………………

(Parent/Carer)

Date ………………..

Daytime telephone number …………………………………………………………

Address ……………………………………………………………………………….

**FORM AM1 (continued)**

To be completed by the Head Teacher (Yvonne Donaldson) or one of her delegated representatives:  Joanne Greig (Senior Child Development Officer), Jackie Toman (Principal Teacher), Lynn Sweeney (Depute Head Teacher) or another member of the Netherlee Leadership Team.

I agree to ………………………………………………... (name of child) being given

……………………………………………………………. (name of medicine)

This agreement expires on ……………………………. (date)

Date ……………………………..

Nursery ……………………………………………….

*Note to parents:*

1. Medication will not be accepted by the nursery 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

**FORM AM2 Appendix 2**

**EAST RENFREWSHIRE COUNCIL: EDUCATION DEPARTMENT**

**Individual Record of Medication Administered**

***Please attach to FORM AM1***

**Child / Young Persons Record of Administered Medication – 1 record per item of medication**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Child / Young Person    |  | Date of Birth |   | Group |  | Name of Medication  | GP Name and Emergency Contact Number  |
|     |  |   |  |   |  |   |   |
| Dosage amount if administered at home include Date / Time   | Dosage successfully administered in setting  | Date / Time  | Administered by  | Witness  |  | Parent / Carer Signature  |
|    |   |   |   |   |  |   |
|    |   |   |   |   |  |   |
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|    |   |   |   |   |  |   |

Parents / Carers should take note of the doses and timings and sign the last column each day when collecting their child to avoid any risk of accidental overdose.

 **Appendix 3**

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 nursery 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 at the end of the school term in June each year must be collected from the nursery on your child’s last day of attendance as we are unable to store any medication over the summer holiday period. 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. It should be noted that parents are responsible for ensuring that medication provided to the nursery is not beyond its expiry date. Where nursery 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 nurseries should not administer any first dose of new medication. Parents should have already given doses of any new medication to their child to ensure that the child does not have an adverse reaction to the medication.

Should you have any questions in relation to this advice please do not hesitate to contact the nursery.

Yours sincerely

Yvonne Donaldson

Head Teacher