

## PARENTAL REQUEST FOR SCHOOL STAFF TO ADMINISTER MEDICATION



School staff will not give your child medicine unless:-

- you complete and sign this form and
- the Headteacher has agreed that school staff can administer the medicine

<b>Child or young person's name</b>	
<b>Date of birth</b>	
<b>Address</b>	
<b>Condition or illness</b>	
<b>MEDICATION</b>	
<b>Name/type of medication</b> <i>(as described on the container)</i>	
<b>Prescribed by</b>	GP, Hospital, Other (specify):
<b>Name of prescriber</b>	
<b>Address of prescriber</b>	
Written instructions from a medical professional are required. The written instruction on the medication is normally sufficient if it is the original pharmacy label as this matches the prescription from the GP.	
<b>Date dispensed</b> <i>(Parent must ensure that in date and properly labelled medication is supplied)</i>	
<b>Length of time medicine will cover or expiry date of medication</b>	
<b>Full directions for use</b>	
<b>Timing</b>	
<b>Special precautions</b>	
<b>Possible side effects</b>	
<b>Procedures to take in an emergency</b>	

Please turn over to complete the form

<b>CONTACT INFORMATION</b>	
<b>Name</b>	
<b>Daytime telephone number</b>	
<b>Relationship to child</b>	
<p>I accept responsibility for:</p> <ul style="list-style-type: none"> <li>• delivering the medicine(s) personally to you, and to replace wherever necessary.</li> <li>• ensuring that medication is correctly labelled in the original pharmacy packaging and has not passed any 'use by' date.</li> <li>• providing a clearly labelled airtight container</li> <li>• checking whether the school holds emergency medication that is appropriate for my child and have indicated if this is suitable in the form above.</li> <li>• advising you immediately of any change of treatment prescribed by any doctor or hospital.</li> </ul> <p>I understand the terms of the Staff Indemnity:</p> <p>The Local Authority hereby indemnifies and holds harmless all staff at the school from, and against all actions, costs, charges, losses, damages and expenses which they or any of them shall or may incur or sustain by reason of any act or omission by them, in the administration of the medication to the child or young person, provided always that the member of staff has acted within the remit of their authority and without malice.</p>	
<b>Signature(s)</b>	
<b>Date</b>	
<b>Relationship to child</b>	
<b>SCHOOL AGREEMENT</b>	
<b>Name of staff volunteers</b>	
<b>NHS comments</b>	
<b>Signed:</b>	<b>Date:</b>
<i>(Headteacher/named member of staff)</i>	
<p><b>HOW WE USE YOUR PERSONAL INFORMATION</b></p> <p>The information provided by you will be used by Perth &amp; Kinross Council to ensure that your child, or the child for whom you have parental responsibility, receives the correct medication and that they receive appropriate medical treatment when required. This information may also be shared with NHS staff if necessary. It will also be shared if we are required to do so by law.</p> <p>For further information, please look at our website <a href="http://www.pkc.gov.uk/dataprotection">www.pkc.gov.uk/dataprotection</a>; email <a href="mailto:dataprotection@pkc.gov.uk">dataprotection@pkc.gov.uk</a> or phone 01738 477933.</p>	