

# GIRDAN PRIMARY SCHOOL

Appendix 3



## Administration of Medicine

### Consent Form

*The school /establishment will not give your child medical treatment or any medicine unless you complete and sign this form, and the Head Teacher/Manager has agreed that school staff can undertake this.*

#### Details of Child

Surname \_\_\_\_\_ Forename(s) \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Date of Birth \_\_\_\_\_ M  F

Playroom \_\_\_\_\_ Key Worker \_\_\_\_\_

Condition or illness \_\_\_\_\_

Instructions from Parent (include signs and symptoms e.g. wheezing)  
\_\_\_\_\_  
\_\_\_\_\_

#### Medication (if applicable)

Name/Type of Medication (as described on the container/label):-  
\_\_\_\_\_

Strength e.g. 500mg or 50mg/10ml:- \_\_\_\_\_

Dispensed Date: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Dosage and method: \_\_\_\_\_  
\_\_\_\_\_

Timing: \_\_\_\_\_  
\_\_\_\_\_

Form:- Capsule  Tablet  Liquid

Prescribed (P) or Over the Counter (OC) P  OC

Has the child taken this medication before? If so, when?

\_\_\_\_\_

Does the medicine cause any side effects we should be aware of?

\_\_\_\_\_

For how long will your child take this medication?

\_\_\_\_\_

Full directions when to be used:

\_\_\_\_\_

\_\_\_\_\_

Self-Administration *(where appropriate)*

\_\_\_\_\_

\_\_\_\_\_

**Procedures to take in an Emergency**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*Parents must ensure that in date properly labelled medication is supplied.

**Parental Contact Details**

Name \_\_\_\_\_

Daytime Telephone No \_\_\_\_\_

Relationship to Pupil \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I understand that I must deliver the medicine personally to (agreed member of staff) and accept that this is a service which the school/establishment is not obliged to undertake. This is also confirmation that this is not the first dose of a new medication.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Pupil \_\_\_\_\_

**Staff Use only:**

- The medical equipment/medicine for this child is stored:  
\_\_\_\_\_ and is labelled with the child's name and photograph;
- Medication has the child's name, dose and appropriate dates on the container;
- The child has had this medication before, and parents confirm this will not cause any allergic reaction;
- Approval has been sought by the Manager/Depute for administration of this medicine.  
Signed: \_\_\_\_\_ (\_\_\_\_\_  
Manager/Depute)
- The appropriate information leaflet accompanies the medicine;
- Instructions are more specific than "when required"
- These instructions to be reviewed after 28 days of above date; Due: \_\_\_\_\_
- Staff are appropriately trained to administer this medication;