Telford & Wrekin COUNCIL

Lightmoor Village Primary School
Lightmoor Way
Telford
Shropshire TF4 3EG

PARENTAL AGREEMENT FOR SETTING TO ADMINISTER MEDICATION

DETAILS OF PUPIL (*Capitals please*)						
Name		M/F	DOB:	/ /	Class:	
Condition or illness (*eg Asthma; Diabetes; Epilepsy, Cystic Fibrosis, Anaphylaxis, Recovery from? Illness, etc):*						

DOCTOR'S DETAILS					
Doctor's Name		Medical Practice		Telephone Number	

MEDICATION AND ADMINISTRATION		
Name of medication (*give full details given on the container label issued by the pharmacist)*		
Type of Medication (eg tablets, mixture, inhaler, Epipen, other (*please specify*)		
Date Dispensed:	Dosage and method:	
Times to beTaken in School:	**Please note due to staff capacity, we cannot give medication between 12pm-1pm, it will be given as close to these times as possible**	
Time of last dosage?		
For how long will your child need to take this medication?		
For medication that need not be administered at pre-set times please indicate when it should be given: (eg before exercise, onset of asthma attack, onset of migraine etc)		
The medication needs to be administered by a member of staff	Yes	No
My child is capable of administering the medication him/herself under the supervision of a member of staff	Yes	No
I would like my child to keep his/her medication on him/ her for use as necessary	Yes	No
The medication needs to be readily accessible in case of emergency	Yes	No

ADDITIONAL INFORMATION
Precautions or Side Effects:
What to do in an emergency:

(Please read the notes on the reverse of this form carefully* If you are in doubt about how the medicine is to be given you must seek the advice of your child's doctor before completing this form.*)

The doctor named above has advised that it is necessary for my child to receive his/her medication during school time. I understand that teachers have no *obligation* to give or supervise the administration of medicines at school. However, I request that the medication named above be administered by/taken under supervision of a member staff, who may not have had any first aid or medical training. The school, the Headteacher and staff accept no responsibility for any injury, death or damage suffered by a pupil as a result of the administration of medicine mentioned in this form, other than any injury, death or damage which arises because the school or any members of its staff have been negligent I shall arrange to collect and dispose of any unused, expired medicine at the end of each term.

Signed: Parent/Carer: _____ Date: _____

OFFICE USE ONLY

Staff Administrator 1:		**Signed:** **Date:**
Staff Administrator 2:		**Signed:** **Date:**

NOTES

1. The school will consider each request on its merits. Where it is practicable the school may well prefer parents to come into school at appropriate times to administer the medicine themselves or make arrangements at break or lunchtime for the pupil to go home to receive the medication.

2. The school may refuse to undertake administration where this is seen to be the reasonable decision in the best interests of the school. For example where timings of administration are critical and crucial to the health of the pupil and cannot be guaranteed; where specific technical or medical knowledge and/or training is required or where administration would make unacceptable intimate contact with the pupil necessary.

3. The school will not agree to administer any medication in school without a written request using this form, having first been made.

4. The school will not agree to administer any medication in school that is not essential to be administered during the course of the school day. (If it is acceptable for doses to be given before and after school the school should not be being asked to administer during the school day).

5. All requests will need to be discussed fully with the head teacher or other authorised member of staff before any medicines are sent into school.

6. Any prescribed medicine must be supplied to the school in the original container labelled by the pharmacist with the name of the medicine, full instructions for use and the name of the pupil. Any non-prescribed medicine bought by the family should be in the original container bearing the manufacturer's instruction/guidelines. The school may refuse to administer any medicines supplied in inappropriate containers.

7. For pupils on long-term medication the request form should be renewed by the parent/carer when required by the school and in any event at the beginning of each new school year.

8. Parents are responsible for notifying the school immediately in writing of any subsequent changes in medicines or doses.

9. Parents are responsible for notifying the school immediately the doctor has stopped the medication.

10. Parents are responsible for collecting and disposing of any unused or expired medicine at the end of each term.

11. A record will be kept by the school of all medicines administered and when in respect of each pupil for whom it has agreed to administer medicines.

12. Where they feel it to be necessary the school reserves the right to ask parents to supply a doctor's note to support/confirm the information given on the request form.

13. You may find it necessary to seek your Doctor's help in completing this form.

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