Medicines in School

The administration of medicines must remain the responsibility of the child’s parents, but academy staff will help with the supervision of certain medicines in accordance with the Academy’s medicines policy**. We cannot take responsibility for giving medicines which are for the treatment of serious conditions without a medical health care plan in place**. If you would like us to help with the administration of medicines please complete the form and discuss the matter with a member of staff.

|  |  |
| --- | --- |
| Child’s Name |  |
| Date of birth |  |
| Class |  |
| Name of Medicine |  |
| Condition that is being treated |  |
| Duration of treatment (e.g. One week, indefinite) |  |
| Dosage & method |  |
| Time to give medicine |  |
| This medication has been advised by my GP as a supplementary medicine to be used in conjunction with prescribed medication I would like you to give my child paracetamol during the school day |
| Name of Medicine |  |
| Dosage and Method |  |
| Time to give medicine |  |
| Are there any possible side effects we need to know about? |  |
| Procedure to take in an emergency |  |

Please note: Academy staff will try to ensure that medicine is administered as requested but circumstances may arise when it may be overlooked.

I understand that the administration of medicines remains a parental responsibility and that school staff cannot be held legally responsible for any aspect of this. I agree to collect unused medicines at the end of the treatment duration.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Parent) Date \_ \_\_\_\_\_\_\_

**To be completed by School Business Manager:** I agree that the above medication will be administered to this child in accordance with the parental request. The child will be supervised by a member of staff while they take their medicine.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(School Business Manager) Date \_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Time Given** | **Dose Given** | **Any reactions and any actions taken by staff** | **Name of person administering / supervising** | **Signature of person administering / supervising** | **Additional Information** |
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**Surplus / unused medicine must be returned to Parent. Children must not collect medicines.**