



Administration of Medicines in Schools

Name of School:

Name of Pupil:

Address of Pupil:

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Emergency Contact Number:

Medical Condition:

Medicine/Tablet	Dose	Times	Prescribed by

Parental Consent

I confirm that a doctor has prescribed the above medications.

I give my permission for the school nurse or their nominee to administer the medication to my child during the time they are at school.

I understand that I am responsible for delivering and collecting the medicine and this form to my child's Class Teacher or Teaching Assistant and accept that this is a service that the school is not obliged to undertake.

I understand that I must notify the school of any changes in writing.

Signed Date

Name and relationship to child:
(Parent or person with parental responsibility)

Please read the Guidance notes on the next page.

Notes of Guidance

- The Head Teacher (or their nominee) will administer medicines prescribed by a doctor.
- This form should be completed by the parent, guardian or person with parental responsibility for the pupil/student and delivered with the medication to the Class Teacher/Teaching Assistant
- The medicine should be in date and clearly labelled with:
 - Its contents
 - The owners name
 - Dosage and frequency
 - Name of prescribing doctor
- The information is requested, in confidence, to ensure that the school is fully aware of the medical needs of your child.

While no staff member can be compelled to give medical treatment to a pupil, it is hoped that the support given through parental consent, the support of the City Council through these guidelines, and the help of the School Medical Services will encourage them to see this as part of the pastoral role.

Where such arrangements fail it is the parents responsibility to make appropriate alternative arrangements.