

# Supporting Pupils with Medical Conditions Policy



## Appendix 3: Template B: Parental agreement for setting to administer medicine

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

Review to be completed by:	
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Name of school/setting	
Child's name (legal)	
<i>Child's preferred name (where applicable)</i>	
Group/class/form	
Date of birth	
Child's address	
<i>Gender (legal)</i>	
<i>Child identifies as (where applicable)</i>	
Medical diagnosis condition	
Date	

Review date	
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**Medication (1)**

Name/type of medicine (as described on the container)	
Expiry date	
Dosage and method	
Timing for delivery	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration (Y/N)	
Procedures to take in an emergency	

**NB: Medicines must be in the original container as dispensed by the pharmacy.**

**Medication (2)**

Name/type of medicine (as described on the container)	
Expiry date	
Dosage and method	
Timing for delivery	

Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration (Y/N)	
Procedures to take in an emergency	

**NB: Medicines must be in the original container as dispensed by the pharmacy.**

### Contact Details

Name (1)	
Relationship to child	
Phone no. (work) (home) (mobile)	
Parental responsibility? (Y / N)	
Address	

I understand that I must hand deliver the medicine personally to the school office.

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) \_\_\_\_\_ Date \_\_\_\_\_

**Appendix 4 Template C: record of medicine administered to an individual child**  
 (1 sheet per medication)

Name of school/setting	
Name of child	
Date medicine provided by parent	
Group/class/form	
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	

Staff signature \_\_\_\_\_

Date \_\_\_\_\_

Signature of parent \_\_\_\_\_

Date \_\_\_\_\_

Date	Time given	Dose given	Name of member of staff	Staff initials



