

Cavendish Close Infant and Nursery School

ADMINISTRATION OF MEDICINES IN SCHOOL
PARENTAL CONSENT FORM

2016/17

TO BE COMPLETED BY A PARENT/CARER REQUESTING PRESCRIBED MEDICATION TO BE ADMINISTERED TO THEIR CHILD UNDER THE SUPERVISION OF SCHOOL STAFF.

PLEASE COMPLETE IN BLOCK LETTERS.

Name of Child: _____ Class: _____

Date of Birth: _____

Address: _____

Summary of Medical Needs: _____

Doctor's Name: _____

Doctor's Address: _____

PRESCRIBED MEDICATION

Medicine: _____

Administration Instructions:
(Include dosage and times) _____

Storage: _____

Please tick which statement is correct:

- My child can administer his/her own medication. _____
- My child requires supervision to administer his/her own medicine. _____
- My child requires assistance to administer his/her medicine. _____

I request that the medicine be given in accordance with the above information by a named member of staff who has received all necessary training.

I undertake to supply school with the medicine in the original, labelled packaging, as provided by a dispensing chemist.

I will inform school if the prescription is changed by the doctor.

I accept that whilst my child is in the care of the school, staff stand in the position of the parent and that staff may, therefore, need to arrange any medical aid considered necessary in an emergency, but I will be told of any such action as soon as possible.

Full name of parent/carer: _____

Signature: _____

Date: _____

TO BE COMPLETED BY PARENTS/CARERS OF CHILDREN WITH PRESCRIBED INHALERS

Please sign here to give school permission to administer an emergency salbutamol inhaler if the prescribed inhaler is not available (for example, because it is broken, or empty).

Signature: _____ Date: _____

TO BE COMPLETED BY SCHOOL

Consenting staff involved: _____

Senior Leaders informed: Mrs J. Brandon (Headteacher) _____
Mrs C. Diffin (Deputy Headteacher) _____

Review date: _____