

PARENTAL REQUEST FOR THE ADMINISTRATION OF MEDICINE

Coagh Primary School has a duty of care to provide a safe and happy environment where all children will be cared for and treated in a manner which enables them to feel secure at all times. Neither teachers nor support staff have a legal or contractual duty to administer medicines or provide health care. **Consequently, medication that can be given at home, should be given at home.** However, when the taking of medication is necessary during the school day this **will only be undertaken** when clear written instructions and consent have been provided and where nothing more than administration is required. If school time medication is essential, please complete the form below.

Name of Pupil: _____

Date of Birth: _____

Class: _____

Contact Details of Parent/Guardian

Name _____

Tel: _____ Relationship to child _____

Brief Description of Medical Condition(s) and Symptoms {Add additional sheet if required}

PRECISE DETAILS OF IN SCHOOL MEDICATION REQUIREMENTS

Parents must ensure that in date medication, in a secure and labelled container as originally dispensed is supplied. The school will not accept items of medication in unlabelled containers.

Name of Medicine: _____

Expiry Date: _____

Dosage Required: _____

Time to be given: _____

Special precautions: _____

Side Effects: _____

Procedures to take in an emergency: _____

STATEMENT OF PARENTAL CONSENT:

I understand that I must deliver the medicine personally to the school office. I also understand it is my responsibility that a supply of the required medication held in school is kept maintained and is in date. I give full permission for Coagh Primary School to act in loco-parentis and in accordance with my written instructions as recorded above. I recognise it is my responsibility to inform school about any changes in the above medical requirements, in writing, and accept that the school staff members are under no obligation to administer medicines and therefore cannot be held responsible for an accidental failure to dispense it.

Signed: _____
Parent/Guardian

Date: _____

AGREEMENT OF PRINCIPAL

I agree that the above named pupil will receive medication as detailed at the agreed times. This pupil will be supervised whilst he/she takes their medication. This arrangement will continue until the school is notified otherwise in writing by the parent/guardian.

Signed: _____
Principal/Authorised member of staff

Date: _____

The table below is for school records and when completed by staff the whole form should be sent to the school office to be stored in the appropriate file.

Date	___ / ___ / ___	___ / ___ / ___	___ / ___ / ___
Time given			
Dose given			
Any reactions			
Name of member of staff			
Staff initials			

Date	___ / ___ / ___	___ / ___ / ___	___ / ___ / ___
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Dose given			
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