

Parental Agreement to Administer Prescription and Non-Prescription Medicine

SCHOOL TRIPS ONLY

Redhills Primary School

Notes to Parent / Guardians

Note 1: This school will only give your child's medicine after you have completed and signed this form.

Note 2: For non-prescribed/over the counter medicine, it is only for the provision of pain relief using over the counter proprietary brands, in the original container.

Note 2: All medicines must be in the original container as dispensed by the pharmacy, with the pupil's name, its contents, the dosage and the prescribing doctor's name as appropriate.

Note 3: The information is requested, in confidence, to ensure that the academy is fully aware of the medical needs of your pupil.

Prescribed Medication

Date	
Pupil's name	
Date of birth	
Class	
Reason for medication	

Name / type of medicine (as described on the container)	
Expiry date of medication	
How much to give (i.e. dose to be given)	
Time(s) for medication to be given	
Special precautions /other instructions (e.g. to be taken with/before/after food)	

Are there any side effects that the school needs to know about?	
Procedures to take in an emergency	
I understand that I must deliver the medicine personally to the School reception staff before the school trip	
Time limit – please specify how long your pupil needs to be taking the medication	_____ day/s _____ week/s
I give permission for my son/daughter to be administered the emergency inhaler held by the school in the event of an emergency	Yes / No/ Not applicable
I give permission for my son/daughter to carry their own asthma inhaler and manage its use	Yes / No / Not applicable

Details of Person Completing the Form:

Name of parent/guardian	
Relationship to pupil	
Daytime telephone number	
Alternative contact details in the event of an emergency	
Name and phone number of GP	
Agreed review date to be initiated by [named member of staff]	

I confirm that the medicine detailed overleaf has been prescribed by a doctor, and that I give my permission for the Headteacher (or a nominee) to administer the medicine to my son/daughter during the time he/she is at the School.

I will inform the academy immediately, in writing, if there is any change in dosage or

frequency of the medication or if the medicine is stopped. I also agree that I am responsible for collecting any unused or out of date supplies and that I will dispose of the supplies.

The above information is, to the best of my knowledge, accurate at the time of writing.

Parent's Signature _____ Date _____

(Parent/Guardian/person with parental responsibility)