

# Administration of Medication to Pupils - Agreement between Parents and School (Appendix 1)

In order to keep the administration of medication to a minimum, the Head or Medication Coordinator should consider requesting that parents administer the daily doses out of school hours. However, if this is not possible it will be necessary for the school and parents to make a formal agreement to enable members of staff to administer medication to pupils during the school day by completing the form below.

In most cases only medication that the child's doctor has prescribed can be administered; school staff will not normally administer non prescribed, over the counter medication such as cold remedies, cough medicine, hay fever eye drops etc. However, at the discretion of the Head, in some circumstances the school may consider administering certain over the counter remedies and each request received to do this will be assessed individually. Again, at the discretion of the Head, it may also be permissible for paracetamol to be administered. In both cases, the practice is strictly controlled in the same way as for prescribed medication. Further information is given on page 6.

**Note: Medicines must be kept in the original container or packaging.**

Part 1 – To be Completed by Parent/Carer	
<b>To the Headteacher:</b> <i>(add name)</i>	<b>School:</b>
My child ( <i>name</i> ) _____ Date of birth: _____	
Class _____ has the following medical condition _____	
I wish for him/her to have the following medicine administered by school staff, as indicated below:	
Name of Medication:	
Has this been prescribed by a medical practitioner? Yes/No	
Dose/Amount to be given:	
Time(s) at which to be given:	
Means of administration:	
How long will the child require this medication to be administered?	
Known side effects and any special precautions (please attach details)	
Procedures to take in case of emergency (please attach details)	
Other Information (e.g from GP/Pharmacist):	

<b>Emergency Contact 1</b>	<b>Emergency Contact 2</b>
Name: _____	Name: _____
Telephone _____	Telephone _____
Work: _____	Work: _____
Home: _____	Home: _____
Mobile: _____	Mobile: _____
Relationship: _____	Relationship: _____

*I undertake to deliver the medicine personally to the Headteacher or Medication Coordinator and to replace it whenever necessary. I also undertake to inform the school immediately of any change of treatment that the doctor or hospital has prescribed.*

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Date: \_\_\_\_\_

## **Part 2 - To be completed by Headteacher/Medication Coordinator**

### **Confirmation of agreement to administer medicine**

It is agreed that *(child)* \_\_\_\_\_ will receive *(quantity and name of medicine)*

\_\_\_\_\_ every day at *(time medicine to be administered, for example, lunchtime or afternoon break)* \_\_\_\_\_.

*(Child)* \_\_\_\_\_ will be given medication or supervised whilst he/she takes it by

*(name of member of staff)* \_\_\_\_\_.

This arrangement will continue until \_\_\_\_\_ *(either the end date for the course of medicine or until the parents instruct otherwise).*

Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Headteacher/Medication Coordinator

School: \_\_\_\_\_