

Parent/Carer Request and Agreement for School to Administer Medicines / Medical interventions

Parental agreement for school to administer medicines on school site and off-site activities. This record should be kept until the child's 25th birthday.

Name of Child			
Date of Birth		Class	
Medical condition or illness			
Emergency contact name			
Emergency contact telephone		Relationship to child	

Name/Type of medicine			
Date dispensed		Expiry Date	
Dosage and method		Time of dose	
Special precautions			
Are there any side effects the school should know about?			
Can the child self-administer?		Agreed review date	
Procedures to take in case of emergency			

Consent for emergency inhaler: (only complete if necessary)

In the event of my child displaying symptoms of asthma/having an asthma attack, and if their inhaler is not available or is unusable, I consent for my child to receive Salbutamol from an emergency inhaler held by the school for such emergencies. **Yes/No**

I confirm that:

- I understand that I must deliver the medicine personally to the school office
- I accept that this is a service that the school is not obliged to undertake.
- I understand that I must notify the school of any change in writing.
- I have received medical advice stating that it is, or may be in an emergency, necessary to give this medication to my child during the school day and during off-site school activities.
- I agree to collect it at the end of the term and replace any expired medication as soon as possible, disposing of any unused medication at the pharmacy.
- The medication is in the original container labelled with the contents, dosage, child's full name and is in within its expiry date.

- I give consent, as part of the health and safety and GDPR regulations, for any specific emergency medicine my child might require to be displayed in the staff room for staff employed by the school to see.

Signed parent/carerDate.....

Quantity received	Date	Staff signature	Parent/Carer signature
Quantity returned	Date	Staff signature	Parent/Carer signature

Record of administration of medicine

Date		Dose given	
Time needed		Time given	
Name of staff administering medicine		Checked and signed by	

Date		Dose given	
Time needed		Time given	
Name of staff administering medicine		Checked and signed by	

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