

PARENTAL AGREEMENT FOR CHULMLEIGH ACADEMY TRUST TO ADMINISTER MEDICINE (PRIMARY SCHOOLS)

Establishment- Lapford Primary School

Notes to Parent / Guardians

Note 1: This establishment will not give your child medicine unless you complete and sign this form and where the establishment has a policy that staff can administer medicine.

Note 2: All Medicines must be in the original container as dispensed by the pharmacy, with the young persons name, its contents, the dosage and the prescribing doctor's name. Pupils are not allowed to carry medicines on their person or in their school bags whilst within school premises.

Note 3: The information is requested, in confidence, to ensure that the establishment is fully aware of the medical needs of your child. While no staff member can be compelled to give medical treatment to a young person, it is hoped that the support given through parental consent, the support of Chulmleigh Academy Trust through these guidelines and the help of the School Medical Service will encourage them to see this as part of the pastoral role. Where such arrangements fail it is the parents' responsibility to make appropriate alternative arrangements

Date	
Child's name	
Date of birth	
Group/class/form	
Name and strength of medicine	
How much to give (i.e. dose to be given)	
When to be given	
Reason for medication	
Number of tablets/quantity to be given to the	
establishment	
Time limit – please specify how long your child needs to	day/s
be taking the medication	week/s

1. Prescribed Medication

Daytime phone number of parent or adult contact	
Alternative Contact 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 Head Teacher (or his/her nominee) to administer the medicine to my son/daughter during the time he/she is at a Chulmleigh Academy Trust. I will inform the establishment 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 I also agree that I am responsible for collecting any unused or out of date supplies and that I will dispose of the supplies.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	
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(Parent/Guardian/Person with parental responsibility)

Log of Medicines Administered

Date	Time given	Dose given	Staff Name/Initials	Notes/ problems