**Parental Agreement for School to Administer Prescribed Medicine**

The school will not give your child medicine unless you complete and sign this form the school has a policy that staff can administer medicine.

|  |  |
| --- | --- |
| **Name of School:**  | **Ashley Park School** |
| **Date:** |  |
| **Student’s Name:** |  |
| **Year Group/Class:** |  |
| **Name & Strength of Medicine:**  |  |
| **Expiry Date:** |  |
| **How much to give:****(i.e. dose to be given)** |  |
| **When to be given:** |  |
| **Reason for medication:**  |  |
| **Number of tablets/quantities to be given to school:**  |  |
| **Time limit:****Please specify how long your child needs to be taking the medication** | **............ day(s)/............weeks****………………..............other**  |

**Note: Medicines must be in the original container dispensed by the Pharmacy.**

|  |  |
| --- | --- |
| **Daytime phone number of parent or adult contact:**  |  |
| **Name and phone number of GP:**  |  |
| **Agreed review date to be initiated by (named member of staff):**  |  |

**The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy.**

**Administration of Prescribed Medicines in Schools**

I confirm that the medicine detailed overleaf is prescribed and that I give my permission for the Head teacher (or her nominee) to administer the medicine to my son/daughter during the time he/she is at school. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped. When additional medication is required in school, I will send the requested medication in the red first aid bag use the cable tie to secure the bag and send into school. I will inform the bus escorts and anyone accompanying my child to school that medicines are being transported to school with my child and send an e-mail to:

info@ashleyparkschool.co.uk

**NOTES OF GUIDANCE**

* The Head teacher (or his/her nominee) will only administer medicines prescribed by a doctor.
* This form should be completed by the parent or guardian of the pupil and be delivered personally, together with the medicine to the Head teacher of his/her nominee.
* The medicine should be in date and clearly labelled with:
	+ Its contents;
	+ The owners name;
	+ Dosage;
* The information given overleaf is requested, in confidence, to ensure that the Head teacher is fully aware of the medical needs of your child.

While no staff member can be compelled to give medical treatment to a pupil, it is hoped that the support given through parental consent, the support of the County Council 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.

I give permission for trained staff at Ashley Park School to administer medication to my child whilst in their care.

Parent’s name (please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Parent/Guardian with parental responsibility)