

ADMINISTRATION OF STUDENT MEDICATION IN SCHOOL - PERMISSION FORM

STUDENT PHOTO	Name of Student	
	Tutor Year/Group	
	Medical Condition/Illness	
	Does Student have an IHCP	
	Parent/Carer's Name	
	Home Phone Number	
	Work Phone Number	

N.B. WHERE POSSIBLE THE NEED FOR MEDICINES TO BE ADMINISTERED AT SCHOOL SHOULD BE AVOIDED. PARENTS ARE THEREFORE REQUESTED TO TRY TO ARRANGE THE TIMING OF DOSES TO BE TAKEN OUT OF SCHOOL HOURS.

ALL MEDICATIONS PROVIDED MUST BE BROUGHT INTO SCHOOL BY PARENT/CARER, IN ORIGINAL CONTAINER/PACKAGING AS DISPENSED BY THE PHARMACY. THEY MUST CONTAIN THE ORIGINAL INSTRUCTION LEAFLET AND BE IN DATE. PRESCRIBED MEDICATIONS MUST DISPLAY THE DISPENSING LABEL.

WE ARE NOT PERMITTED TO ADMINISTER IBUPROFEN OR ANY MEDICATION CONTAINING IBUPROFEN IN SCHOOL WITHOUT A MEDICAL PRESCRIPTION.

Name of Medication	
Prescribed by Doctor/medical practitioner <input type="checkbox"/>	Over the counter medication <input type="checkbox"/>
**Medical condition for which medication is intended	
Dose and method of administration	
Frequency/Timed medication is required	
Special Precautions/other instructions	
Allergies (please list)	
Self-administration	Yes <input type="checkbox"/> No <input type="checkbox"/>
If NO, I agree to members of staff administering medicines/providing treatment to my child as stated above.	

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THIS MEDICATION CAN ONLY BE ADMINISTERED TO THE STUDENT NAMED ABOVE, AND MAY ONLY BE ISSUED FOR THE CONDITION(S) STATED ON THIS FORM.

Quantity/amount of medication provided	
Name and signature of member of staff taking receipt of medication	
Quantity/amount of medication returned to parent/carer	
Name and signature of parent/carer receiving returned medication	

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. I will inform the school immediately, in writing, if there are any changes to the frequency or dosage of the medication, or if the medication is to be stopped.

Signature

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Date:
