



**EDUCATION, ARTS &
LIBRARIES DIRECTORATE**

ED1S 94

ADMINISTRATION OF MEDICINES IN SCHOOLS

Name of school

Name of pupil

Address

.....

Medical condition of pupil

Name of prescribing doctor

Medicine

Dose Frequency of dose

1 I confirm that the above medicine has been prescribed by a doctor, and that I give my permission for the Headteacher (or his/her nominee) to administer the medicine to my son/daughter during the time he/she is at school.

Signed
(Parent/Guardian/Person with parental responsibility)

Date

2 I give my permission for my son/daughter to carry their asthma inhaler with them whilst at school and to manage its use.

Signed
(Parent/Guardian/Person with parental responsibility)

Date

3 I give my permission for my teenage son/daughter to manage the use of his/her own pen injector for diabetes.

Signed
(Parent/Guardian/Person with parental responsibility)

Date

(See notes of guidance overleaf)

NOTES OF GUIDANCE

1 The Headteacher (or his/her nominee) will only administer medicines prescribed by a doctor.

2 This form should be completed by the parent or guardian of the pupil and be delivered personally, together with the medicine, to the Headteacher or his/her nominee.

3 The medicine should be in date and clearly labelled with:

- (a) its contents;
- (b) the owner's name
- (c) dosage;
- (d) the prescribing doctor's name.

4 The information given overleaf is requested in confidence, to ensure that the Headteacher 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.