

Administering Medicine Consent Form

Spring Hill High School will do everything possible to ensure that any child with medical problems is provided with all the support available. The majority of our staff are trained in First Aid and Administering Medicine they will support and provide medical provision for students. Prime responsibility remains with parents/carers as the main source of information and outlined below are the procedures needed to allow for support and inclusion to take place.

If medications change, it is essential that the School is informed to ensure appropriate support for your child. School will administer over the counter medication (e.g. paracetamol) only if a form has been completed and a bottle has been provided specifically for use by the parent or carer.

Child's Name :

Staff are not able to give your child medicine unless you complete and sign this form.

Following this, staff will administer medicine in accordance with the School's policy.
 A copy of this is available on request

Pupil details

Surname :	Forename(s) :
Date of Birth :	
Medical Condition/illness :	
Please give details of any additional medication your child may take which is administered outside School. Whilst you are not legally obliged to give this information, it may be useful for the School to have details of additional medication in the event of an emergency, such as contact with emergency services	

Medicine

A new page should be completed and signed for each separate medicine to be administered

NB. all medicine must be in the original container as dispensed by the pharmacy/purchased over the counter.

Name/Type of Medicine (<i>as described on container issued by pharmacy, including strength</i>)
Date dispensed
Expiry Date
Dosage and method (number of tablets/quantity)
Timing (when to be given)
Special Precautions/instructions
Any known side effects
Can these be self-administered	YES / NO (delete as appropriate)
Emergency Instructions
<i>Please sign and date this section to give consent that in the unfortunate event that you cannot be contacted, you consent to the medical examination of your child when necessary during the school day. This includes the request for any emergency procedures and/or measures deemed necessary and appropriate by a medic, including the administration of a local or general anaesthetic.</i>	Signature: Date:

I understand that I must deliver the medicine personally to a member of staff and accept that this is a service that the School is not obliged to undertake.

I understand that I must notify the School of any changes to the medication by my child, in writing, immediately changes are required.

Signature :	
Name (block capitals) :	Date: