

## Appendix 1

### Administration of Medication to Pupils Agreement between Parents and School

In order to keep the administration of medication to a minimum, we request that parents consider administering the daily doses out of school hours. However, if this is not possible we ask that parents complete this formal agreement to enable staff to administer medication to pupils during the school day. As a rule, non-prescribed (over-the-counter) medication, such as cough medicines, should not be administered.

At the discretion of the Head, paracetamol can be issued, provided the practice is strictly controlled by adopting the same standards as for prescribed medication.

**Note: Medicines must be kept in the original container as dispensed by the pharmacy.**

Part 1 – To be Completed by Parent/Carer	
<b>To the Headteacher:</b> <i>(add name)</i>	<b>School:</b>
My child ( <i>name</i> ) _____ Date of birth: _____	
Class _____ has the following medical condition _____	
I wish for him/her to have the following medicine administered by school staff, as indicated below:	
Name of Medication:	
Dose/Amount to be given:	
Time(s) at which to be given:	
Means of administration:	
How long will the child require this medication to be administered?	
Known side effects and any special precautions (please attach details)	
Procedures to take in case of emergency (please attach details)	

<b>Emergency Contact 1</b>	<b>Emergency Contact 2</b>
Name: _____	Name: _____
Telephone	Telephone
<i>Work:</i> _____	<i>Work:</i> _____
<i>Home:</i> _____	<i>Home:</i> _____
<i>Mobile:</i> _____	<i>Mobile:</i> _____
Relationship: _____	Relationship: _____
<p><i>I undertake to deliver the medicine personally to the Medication Coordinator and to replace it whenever necessary. I also undertake to inform the school immediately of any change of treatment that the doctor or hospital has prescribed.</i></p>	
Name: _____	Signature: _____
Relationship to child: _____	Date: _____

<b>Part 2 - To be completed by Medication Coordinator / First aider</b>
<p><b>Confirmation of agreement to administer medicine</b></p>
<p>It is agreed that <i>(child)</i> _____ will receive <i>(quantity and name of medicine)</i> _____ every day at <i>(time medicine to be administered, for example, lunchtime or afternoon break)</i> _____.</p>
<p><i>(Child)</i> _____ will be given medication or supervised whilst he/she takes it by <i>(name of member of staff)</i> _____.</p>
<p>This arrangement will continue until _____ <i>(either the end date for the course of medicine or until the parents instruct otherwise).</i></p>
<p>Name: _____ Signature: _____  <i>Medication Coordinator / First aider</i></p> <p>School: _____</p>