



PRESCRIBED MEDICINES IN SCHOOLS FORM

This form must be completed by the parents of children to ask the Headteacher if prescribed medicine can be administered to their son/daughter whilst they are in school. This includes asthma medicine where the child/young person is able or is unable to self-administer their asthma medicine.

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

Name of school	
Name of child	
Date of birth	
Reg Group	
Address	
Medical condition or illness	
Name and address of the prescriber (GP) of the medicine	

* Please delete whichever does not apply

* My son/daughter is asthmatic and is able to self-administer his/her asthma medicine and should carry the asthma medication in school.

* My son/daughter is asthmatic and in unable to self-administer his/her medication. I request that they be given their asthma medication in school. Details of their medicine and the administration of the medicine are given below.

Medicine

Name/type of medicine <i>(as described on the container)</i>	
Date the medicine was dispensed	
Starting date of the medicine	
Ending date of the medicine	
Dosage and method	

Full directions for use

Dosage and amount to be given
(please follow the directions given by
the prescriber and attach the
prescribers written statement)

Method of administration

Timing of administration

Special precautions

Side effects

Procedures to be taken in an
emergency

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details

Name

Daytime telephone no.

Relationship to child

Address

[agreed member of staff]

I understand that I must deliver the
medicine personally to

Undertaking by the Parents

1. I/We will:
 - (a) personally deliver to a member of staff who has been nominated by the Headteacher
 - (b) personally hand to the escort or driver (where my son/daughter uses LEA provided transport to school)
their medicine in its properly labelled container from the prescriber and attach the prescriber's written instructions to cover:
 - the period when my son/daughter is at school; and
 - the full duration of all school visits away from the school premises.
2. I/We will personally give further supplies of medicine to the nominated member of staff at school before the current supply expires.
3. I/We accept this is a service which the school is not obliged to undertake.
4. Because my son/daughter has been diagnosed as having asthma, I/We will personally supply to the agreed member of staff at school:
 - (a) spare inhaler to cover the period when they are at school and to cover the full duration of all school visits away from the school premises;
 - (b) a further inhaler before the current spare inhale which has been supplied to the school expires;
 - (c) the prescriber's written instructions on the administration of the inhaler.
5. I/We will inform the Headteacher immediately in writing if:
 - (a) there is a change in the medicine;
 - (b) the dosage changes;
 - (c) there is a change in the way in which the medicine is to be administered; or
 - (d) if the medication is discontinued.

I/We will complete an addendum to this form giving the name of the new medicine, the dosage and the way the medicine is to be administered. I/We will be responsible for receiving the discontinued medicine from the school.

Signature(s) _____

Date _____