



## Samares School

### Parental Consent for School Staff to Administer Medication

(where an Individual Healthcare Plan or Education Healthcare Plan is not required)

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I/we request that a member of school staff at Samares School administer prescribed/or over the counter antibiotics, pain relief or other medication to my child during the school day as follows:

Name of Child:	
Year and Class:	
Medical condition:	
Name of Medicine:	
Dosage and method:	
Time/When Required:	
Medication expiry date:	

Name of Parent/Guardian: <i>(Please print)</i>	
Contact Telephone Number:	

#### I understand:

- That there is no legal contractual duty for staff to administer medicine or supervise a pupil taking it; that this is a voluntary role and should there be any adverse reactions to the medication, the responsibility lies with the parent/guardian.
- That the school will only administer the medication if the dose is required four times per day,
- That the school will only administer medicine to my child if they hold this form correctly completed and signed,
- I understand that there are side effects associated with all medicines and will inform the school if I am concerned about these.
- That if medication has expired or no longer required, it will be returned to me/I will be requested to collect it.

**I confirm:**

- That I will ensure the medication supplied by me and prescribed by my child’s Doctor are labelled correctly, **in the original container as dispensed by the pharmacy**, in date, and with storage details and the Patient Information Leaflet (PIL) attached.
- That I will inform the school immediately in writing if there is any change in the dosage or frequency of the medication or if the medication is to be stopped.
- That I have read and understood Samares School’s Administration of Medicine Policy and Procedures
- That I give consent to school staff to administer medication as above, in accordance with the school medical policy. I will inform the school, in writing, if there are any changes to this consent.
- That the above information is, to the best of my knowledge, accurate at the time of writing.

<b>Signed:</b>	
<b>Print Name:</b>	
<b>Date:</b>	

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**Name of pupil:**

**Class:**

**Name or type of medication administered:**

**Expiry Date:**

Date D/M/Y									
Time given									
Dose									
Name of member of staff									
Staff Initials									

