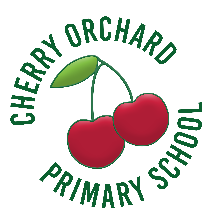
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**Parent/Carer Request and Agreement for School to Administer Medicines**

**Cherry Orchard Primary School**

Parental agreement for school to administer medicines on school site and off-site activities.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of Child |  | | | | |
| Date of Birth |  | | Class | |  |
| Medical condition or illness |  | | | | |
| Emergency contact name |  | | | | |
| Emergency contact telephone |  | Relationship to child | |  | |

Medicine

|  |  |  |  |
| --- | --- | --- | --- |
| Name/Type of medicine |  | | |
| Date dispensed |  | Expiry Date |  |
| Dosage and method |  | Time of dose |  |
| Special precautions |  | | |
| Are there any side effects the school should know about |  | | |
| Can the child self-administer? |  | Agreed review date |  |
| Procedures to take in case of emergency |  | | |

**Consent for emergency inhaler**: (only complete if necessary)

In the event of my child displaying symptoms of asthma/having an asthma attack, and if their inhaler is not available or is unusable, I consent for my child to receive Salbutamol from an emergency inhaler held by the school for such emergencies. **Yes/No**

I confirm that:

* I understand that I must deliver the medicine personally to the school office.
* I accept that this is a service that the school is not obliged to undertake.
* I understand that I must notify the school of any change in writing.
* I have received medical advice stating that it is, or may be in an emergency, necessary to give this medication to my child during the school day and during off-site school activities.
* I agree to collect it at the end of the term and replace any expired medication as soon as possible, disposing of any unused medication at the pharmacy.
* The medication is in the original container labelled with the contents, dosage, child’s full name and is in within its expiry date.
* I give consent, as part of the health and safety and GDPR regulations, for any specific emergency medicine my child might require to be displayed in the staff room for staff employed by the school to see.

Signed……………………………………………………………………………..Date…………

**A blue text on a white background

Description automatically generatedA cartoon cherries with a green stem

Description automatically generatedA logo with two red cherries

Description automatically generated**

**Cherry Orchard Primary School**

Record of medicine administered to an individual child (to be completed by school).

This record should be kept until the child’s 25th birthday.

|  |  |
| --- | --- |
| Name Of Child |  |
| Date medicine provided by parent |  |
| Class |  |
| Quantity of medicine received |  |
| Name & strength of medicine |  |
| Expiry date |  |
| Quantity returned |  |
| Dose & frequency of medicine |  |
| Staff signature |  |
| Parent signature |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Date |  | Dose given |  |
| Time needed |  | Time given |  |
| Name of staff administering medicine |  | Checked and signed by |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Date |  | Dose given |  |
| Time needed |  | Time given |  |
| Name of staff administering medicine |  | Checked and signed by |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Date |  | Dose given |  |
| Time needed |  | Time given |  |
| Name of staff administering medicine |  | Checked and signed by |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Date |  | Dose given |  |
| Time needed |  | Time given |  |
| Name of staff administering medicine |  | Checked and signed by |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Date |  | Dose given |  |
| Time needed |  | Time given |  |
| Name of staff administering medicine |  | Checked and signed by |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Date |  | Dose given |  |
| Time needed |  | Time given |  |
| Name of staff administering medicine |  | Checked and signed by |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Date |  | Dose given |  |
| Time needed |  | Time given |  |
| Name of staff administering medicine |  | Checked and signed by |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Date |  | Dose given |  |
| Time needed |  | Time given |  |
| Name of staff administering medicine |  | Checked and signed by |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Date |  | Dose given |  |
| Time needed |  | Time given |  |
| Name of staff administering medicine |  | Checked and signed by |  |