

SHROPSHIRE EDUCATION SERVICES
ST LEONARD'S CE PRIMARY SCHOOL
PARENTAL REQUEST FOR MEDICINE TO BE ADMINISTERED IN SCHOOLS

(Please read the notes on the reverse of this form carefully.)

Name of Pupil: _____ Date of Birth: _____ Class: _____

I have been told by the Doctor: (Name of Doctor, Medical Practice and Tel no) _____
that it is necessary for my child to receive his/her medication during school time. This will need to take place for _____ days/
weeks or until further notice (please delete those that do not apply).

This is to enable my child to recover from _____.

State nature of condition or illness (eg Asthma, Diabetes; Epilepsy, Cystic Fibrosis, Anaphylaxis, Recovery from ? illness, etc):

The medicine to be taken is: _____

Date Dispensed: _____

Type (eg Tablets, Mixture, Inhaler, Other (please specify): _____

The Dosage is: _____

Please note where practicable medicine will be given at lunchtime.

In order to help us please indicate which of these apply:

- The medication needs to be given by a member of staff
- My child is capable of taking the medication him/herself under the supervision of a member of staff

Any Additional Information (about the Medicine) _____

Please tell us below if there are any possible interaction with any other medicines such as paracetamol: _____

Are there any Precautions, Special Arrangements or Side Effects: _____

Asthma Inhalers Only (✓ the box appropriate to your request):

- My child is capable of using his/her inhaler and should keep it with him/her for use as necessary
- My child is not yet able to use the inhaler without supervision. It should, therefore, be kept by the teacher but readily accessible for use when needed.

I understand that teachers have no obligation to give or supervise the administration of medicines at school. However, I request that the medication be administered to my child whilst s/he is at school. I appreciate that the medication will be administered by a member of the teaching or non-teaching staff, who may not have any first-aid or medical training and I understand that the Head and staff of the school cannot be held responsible for any problems which may arise from the administration of medicine when given in accordance with these instructions.

I shall arrange to collect and dispose of any unused, expired medicine at the end of each term.

Signed: _____ Date: _____

Emergency Contact Name, Day Time Telephone Number and Address: _____

1. The school will consider each request on its merits. Where it is practicable the school may well ask parents to come into school at appropriate times to administer the medicine themselves or make arrangements at break or lunchtime for the pupil to go home to receive the medication.
2. The school may refuse to give medication where this is seen to be a reasonable decision in the best interests of the school eg. in such cases where timings of a dosage are critical and crucial to the health of the pupil and cannot be guaranteed; where specific technical or medical knowledge and/or training is required or where administration would make unacceptable intimate contact with the pupil necessary.
3. The school will not agree to administer any medication in school without a written formal request using this form having been made.
4. The school will not agree to administer any medication in school that it is not essential be administered during the course of the school day. (If it is acceptable for doses to be given before and after school the school should not be being asked to administer during the school day).
5. All requests will need to be discussed fully with the head or other authorised member of staff before any medicines are sent into school.
6. Any prescribed medicine must be supplied to the school in its original container labelled by the pharmacist with the name of the medicine, full instructions for use and the name of the pupil. Any non-prescribed medicine bought by the family should be in the original container which has the manufacturer's instructions/guidelines on it. The school may refuse to administer any medicines supplied in appropriate containers.
7. For pupils on long term medication the request form should be renewed by the parent/carer when required by the school and in any event at the beginning of each new school year.
8. Parents are responsible for notifying the school immediately in writing of any subsequent changes in medicines or doses.
9. Parents are responsible for obtaining fresh supplies of medication.
10. Parents are responsible for notifying the school immediately the medication has been stopped by the doctor.
11. Parents are responsible for collecting and disposing of any unused or expired medicine at the end of each term.
12. A record will be kept by the school of all medicines administered and when in respect of each pupil for whom it has agreed to administer medicines.
13. Where they feel it to be necessary the school reserves the right to ask parents to supply a doctor's note to support/confirm the information given on the request form.
14. You may find it necessary to seek your doctor's help in completing this form.