

St Nicholas Church of England Primary School Medication Permission Form

Parental Consent for a Child to Receive Medication in School

All medicines to be administered by the class teacher or teaching assistant in agreement with the class teacher. Medicines are to be locked in first aid cabinets in the child's classroom/staffroom fridge

Name of child:

Class:

Home Telephone number:

Date of Birth:

Emergency Contact Number:

Medical Practice Name:

GP's telephone number:

Name of GP:

Hospital name:

Hospital Telephone Number: (if applicable)

Hospital Consultant: (if applicable)

I consent to my child being administered the following medication during school hours:

Name of prescribed medicine:

Dose to be given:

Time of dose:

Special instructions to staff:

-self-administer?

- stored in fridge? (Staffroom fridge)

Please list your instructions below:

ALL MEDICATION ARE TO BE SENT HOME, VIA THE PARENT, AT THE END OF EACH SCHOOL DAY.

I undertake to ensure that the school has adequate supplies of the medication/equipment.

I undertake to ensure that the medication/equipment supplied to the school by me and prescribed by my child's doctor is correctly labelled, in date, with storage details attached and that the school will be informed of any changes.

I understand that the medication/procedure will be carried out by a member of staff according to these instructions.

Name of pupil _____

Signed _____ (Parent/Carer) PLEASE PRINT YOUR NAME _____

Medicine received in school by _____ (staff member)

Date when medication was handed by parent/carer to staff member _____

Record sheet for an asthma inhaler used during the school day.

Pupil's Name:		
Class:		Year:
Today's date (<u>first use</u> of inhaler):		
Staff name completing this record:		
Second use of inhaler	Time:	Staff name – please print
Third use of inhaler	Time:	Staff name – please print
Fourth use of inhaler	Time:	Staff name – please print

Pupil's Name:		
Class:		Year:
Today's date (<u>first use</u> of inhaler):		
Staff name completing this record:		
Second use of inhaler	Time:	Staff name – please print
Third use of inhaler	Time:	Staff name – please print
Fourth use of inhaler	Time:	Staff name – please print

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