



ARDEN PRIMARY SCHOOL

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MEDICATION PERMISSION AND RECORD FOR AN INDIVIDUAL PUPIL- FORM 3a

This form must be used when a parent/carer requests school to administer a **prescribed medication**.

The Headteacher would like to remind all parents/carers that there is no legal duty which requires staff to administer medication; this is a voluntary role. **Only prescribed medication will be administered.** The Headteacher is responsible for deciding whether the school can assist a pupil who requires medication. Such decisions as far as practicable encourage regular attendance and participation in school life. The Headteacher would like to make parents/carers aware that they should keep their child at home if he/she is very unwell. It is the responsibility of parents/carers to inform school whenever a pupil is receiving prescribed medication. This applies to medication prescribed on both a regular and intermittent basis. **All medication must be provided in the original pharmacist packets or containers with the child's name, dose and date clearly printed and visible.**

PLEASE NOTE: Parents should ensure that medication held in school on a child's behalf are "in date". If medication becomes out of date, parents/carers will be informed immediately and asked to collect, dispose and replace if necessary. Advice about the safe disposal can be obtained from local pharmacists.

For health and safety reasons all medication should be handed in and collected by a responsible adult.

Name of Pupil		Class Teacher	
Date medication provided in school			
Name of medication and reason for medication			
Dose and method, how much and how is it taken?			
Time - when is it taken?			
Duration of course			
Quantity received by school			
Expiry date			

School will make every effort to ensure that your child receives their prescribed medication. If for any reason your child does not receive their prescribed medication we ask for your understanding. There may also be exceptional circumstances when staffing levels affect the administration of the medication and where such arrangements fail it is the parent's responsibility to make alternative arrangements.

Signature of parent/carer and contact number if school needs more information	<p>I confirm that the above medication has been prescribed by a doctor, and that I give my permission for the Headteacher (or her nominee) to administer the medicine to my son/daughter.</p> <p>Parent's signature Print NameParent/Carer</p> <p>Contact Telephone No.</p>
Collection of medication	Please outline arrangements for collection:
After School Activities	Does your child attend Kids Club or any After School Clubs? Please write days and times:

FOR ADMINISTRATION PURPOSES

When completed please put this form in the medical file. Thank you

Date request received, name and signature of school member of staff receiving this form		Has the teacher, class teacher been informed? If absent please inform Team Leader	
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