

APPENDIX 2
Ysgol Pant Pastynog

PARENT/CARER CONSENT FOR SCHOOL TO ADMINISTER MEDICATION TO A PUPIL

- Our school will not give your child medication unless you complete and sign this form.
- If more than one medication is to be given, a separate form should be completed for each one.
- A new form must be completed when dosage changes are made.
- Where possible parents/carers should come to school to administer medication; or requests should be made for medication timings to be set outside of school hours.
- Parents/carers will be informed as stated in the school policy when a child refuses their medication or when emergency medication is administered.
- Parent/carers can request sight of records.
- Without exception pupils must not share their medication for any reason with another pupil.

Name of child	
Date of birth	
Class / form	
Healthcare need	
Routine or emergency medication	
Medicine	
Note: medication must be in the original container as dispensed by the pharmacy.	
Name, type and strength of medicine (<i>as described on the container</i>)	
Date dispensed	
Expiry date	
Dose of medication	
Method of administration	
Timing of medication	
Duration of treatment	
Special precautions	
Special requirements for administering medication e.g. two staff present, same gender as pupil.	
Storage requirements	
Who will deliver the medication to school and how frequently?	
Who will receive the medication?	
Does treatment of the medical condition affect behaviour or concentration?	
Are there any side effects that the school needs to know about?	
Is there any medication that is being administered outside of school day that	

we need to know about? Are there any side effects that we should be aware of?	
Any other instructions	
Pupil to self-administer medication under supervision from a stored location	Yes / No (please circle) <i>If yes, pupil must also sign declaration*</i>
Pupil to carry and self-administer medication	Yes / No (please circle) <i>If yes, pupil must also sign declaration*</i>
Procedures to take in an emergency	
If your child has asthma: have you given consent for your child to use an emergency inhaler on a separate consent form?	Yes / No (please circle)
Agreed review date	<i>To be completed with the school</i>
Name of member of staff responsible for the review	<i>To be completed with the school</i>
INDIVIDUAL HEALTHCARE PLANS (IHP)	
Healthcare Plan from health professional attached if appropriate	Yes / No (please circle)
IHP created by school attached if appropriate (appendix 3)	Yes / No (please circle)
Guidelines provided by health attached if appropriate e.g. patient information sheet	Yes / No (please circle)
Review date of the above	
Contact details	
Name	
Daytime telephone number	
Relationship to the child	
Address	
Post Code	
In the best interests of the pupil the school might need to share information with school staff and other professionals about your child's healthcare needs e.g. nursing staff. Do you consent to this information being shared?	Yes / No (please circle)
<ul style="list-style-type: none"> • I accept that the school is not obliged to give medication to my child but will do so in accordance with the school policy. I have read and agree to the school giving medication in accordance with the school policy. I understand my parental/carer obligations under the guidelines. • The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff to administer the medicine in accordance with the information given above and the school policy. • I will inform school of any new information from health professionals in regard to my child, e.g. if there are any changes in dosage or frequency or if it is stopped. I will ensure that this is in writing from the health professional. 	

- I understand that it is my responsibility to replenish the medication supply in the school and collect expired or unused medication.
- Where correct medication is not readily available on a given day and places the child at risk, the headteacher has the right to refuse to admit my child into the school until said medication is provided.
- It is my responsibility to check medication expiry dates and how much dosage is left; and I understand that the school will not administer out of date medication. It is not the schools responsibility to inform or notify the parents/carers.
- I consent for the information in the form to be shared with health professionals/emergency care.
- If my child has received any emergency medication prior to school, I will inform the headteacher/delegated member of the school staff before school starts.

Parent / carer signature:	
Date:	

I would like my child to administer and/or carry their medication

Parent/carers signature:	
Date:	

*If yes to these questions: I agree to administer and/or carry my medicine. If I refuse to administer my medication as agreed, then this agreement will be reviewed.

Pupil signature:	
Date:	

HEADTEACHER/DELEGATED PERSONS AGREEMENT TO ADMINISTER MEDICATION

It is agreed that *(insert child's name)*..... will receive
(insert name and quantity of medication)
at *(insert time medicine is to be administered)*

(Name of pupil).....will be
 given their medication / supervised while they take their medication by *(insert name of member of staff)*.....

This arrangement will continue until *(e.g. either end date if course of medication or until instructed by parents/carers)*.....

Name (headteacher/delegated person):

.....

Signed: Date:

.....

Individual Healthcare Plan in place; OR

Individual Healthcare Plan not required