BANKS ROAD INFANT AND NURSERY SCHOOL

"A Home for Learning, Laughing, Caring and Trying"

Parental consent for the administration of medication at school

Nam	e of Pupil:								
Date of Birth:					С	Class:			
Condi	ition requir	ing medic	ation: _						
Name	of medica	ation:							
Expiry date of medication:					it is the parent's responsibility to ensure that the medication has not expired				
					by		essional or as stated on the		
						administration: Time of administration:			
	F	amily Cor	ntact 1			F	Family Contact 2		
Nam	e:					Name:			
Rela	tionship:					Relationship:			
Tel.	Mobile:					Tel. Mobile:			
Tel.	Home:					Tel. Home:			
Tel.	Work:					Tel. Work:			
1100 11	Yes No	If 'yes'	comple		tails		essional section below		
Nam		ntact det	ails fo	r health profe	ess	ional recomme	nding medication		
	ery/Hospit	al/Clinic:							
_	phone Nur								
Addr									
						ter medication			
					din	g the administra	tion Yes No		
	er the cou				mir	victored and no	r day for a maximum of ano		
							r day for a maximum of one with the parent/guardian.		
No.	Date	Time	Sign		110		with the parentiguardian.		
1			0.9						
2									
3									
4									
5									

Declaration

I give my consent for a member of staff at Banks Road School to administer the medicines listed overleaf to my child, according to the instructions I have specified.	
I acknowledge that staff involved in administering the medications are not qualified medical practitioners, nor hold themselves to be qualified medical practitioners.	
I undertake to deliver the correct daily dose of medication, in a suitable container, at the beginning of the school day, and understand that this must be collected at the end of the school day. If I cannot deliver the medication myself I will ensure that an appropriate adult will deliver/collect on my behalf.	
I understand that the staff in school will take reasonable care in the administration of medicines and will endeavour to respond appropriately should emergency treatment be required.	
I agree that this medical information may be shared with individuals involved in my child's care and education.	
I can confirm that I have administered this medication to my child previously without adverse reaction.	
I am aware that the school will record when medication has been administered.	
I am aware that the stated dose should not be exceeded in any 24 hour period.	
Signed: (parent / guardian) Date:	
For office use only	

Record of Administration of medication								
Date	Time	Initials	Date	Time	Initials			

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Parental declaration for the Administration of 'Over the Counter' medication at school

Over the Counter medications can be administered by school staff during school time. This is at the specific agreed and signed and instruction of parents. The form 'Parental consent for the administration of medication at school' must be signed each day by the parent, otherwise the medication will not be administered.

With regard to Paracetamol we advise as follows:

Protocol for the administration of paracetamol

- If paracetamol is administered at any time during the school day parents will be informed of the time of administration and dosage.
- The school will keep records of the administration of paracetamol as for prescribed medication.
- Pupils must not bring paracetamol (or other types of painkillers) to school for self-administration.

Does your child have any of the following:

Liver problems – Yes /No Long term dehydration – Yes /No Kidney problems – Yes /No Epilepsy – Yes /No Long term malnutrition – Yes /No

If so, paracetamol must be used with caution

Do not administer if the pupil is also taking any of the following drugs:

- Metoclopramide (relieves sickness and indigestion)
- Carbamazepine (treats a number of conditions including epilepsy)
- Phenobarbital or phenytoin (used to control seizures)
- Lixisenatide used to treat type 2 diabetes)
- Imatinib used to treat leukaemia
- Other drugs containing paracetamol

Emergency procedures – if the pupil develops a rash or swelling this might be a sign of an allergic reaction or if it is suspected that the child has taken too much paracetamol in a 24 hour period call 999 and then contact the parents

Signed:	(parent / quardian)	Date:	
Oldrica.	(Dai Giil / Guai Giai)	Daic.	