

BANKS ROAD INFANT AND NURSERY SCHOOL
“A Home for Learning, Laughing, Caring and Trying”

Parental consent for the administration of medication at school

Name of Pupil:	
Date of Birth:	Class:

Condition requiring medication: _____

Name of medication: _____

Expiry date of medication: _____ *it is the parent's responsibility to ensure that the medication has not expired*

Dosage & Method		
Medication will be administered as prescribed by the health professional or as stated on the container, appropriate for the age and weight of the pupil.		
Dosage:	Method of administration:	Time of administration:

Family Contact 1
Name:
Relationship:
Tel. Mobile:
Tel. Home:
Tel. Work:

Family Contact 2
Name:
Relationship:
Tel. Mobile:
Tel. Home:
Tel. Work:

Has the medication been prescribed by a health professional?

Yes *If 'yes' complete the contact details for the health professional section below*

No *If 'no' complete the 'Over the Counter' section below*

Contact details for health professional recommending medication
Name:
Surgery/Hospital/Clinic:
Telephone Number:
Address:

Over the Counter medication			
I have signed the separate declaration regarding the administration of over the counter medications: Yes <input type="checkbox"/> No <input type="checkbox"/>			
Over the Counter medications will only be administered once per day for a maximum of one week and this will be reviewed daily by the school in conjunction with the parent/guardian.			
No.	Date	Time	Signed
1			
2			
3			
4			
5			

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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 / guardian) Date: _____