Pilgrim Primary School

Oxford Street, Plymouth, PL1 5BQ

Tel: 01752 225319 Fax: 01752 252318

**ADMINISTRATION OF MEDICINES IN SCHOOL**

Name of Pupil: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Condition: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **Medicine/Tablet** | **Dose** | **Times** | **Prescribed By** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |
| --- |
| **Are there any side effects that the school should know about?** |

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| --- |
| **Procedures to take in an emergency** |

**Parental Consent**

I confirm that a doctor has prescribed the above medications.

I give permission for the school first aider or their nominee to administer the medication to my child during the time they are at school.

I accept that this is a service that the school is not obliged to undertake.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Parent or person with parental responsibility)

**PEN INJECTOR**

I give permission for my child to manage the use of their own pen injector.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Parent or person with parental responsibility)

**Please Note:** The First Aider (or their nominee) will only administer medicines prescribed by a doctor.

This form should be completed by the parent, guardian or person with parental responsibility for the pupil/student and delivered with the medication to the school first aider.

**The medicine should be in date and clearly labelled with:**

* **Its contents**
* **The owners name**
* **Dosage and frequency**
* **Name of prescribing doctor**

It is your responsibility to ensure that the school is kept informed in writing about any changes to your child’s medicines, including how much they take and when.

This information overleaf is requested, in confidence, to ensure that the school is fully aware of the medical needs of your child.