

MERTON COURT SCHOOL

APPENDIX A Administration of Prescription Medication

Dear Parents

Legally schools are not compelled to administer medication to children, because of the risks involved and possible legal consequences. Parents should come into school to administer medicine; alternatively, we would encourage all children to administer their own medication under the supervision of a member of staff.

If, however, this is genuinely not possible, the school may administer medicine to the children in its care, but imposes the following conditions:

1. Parents must ensure that all medicines are labelled clearly with the name of the child, the dosage and the times that the medicine should be administered.
2. Only medicines prescribed by a medical practitioner will be administered eg doctor, dentist, nurse or pharmacist.
3. Parents must hand medicines directly to the form teacher.
4. Parents must fill in and return the consent form below, giving permission for the medicine to be administered at the school.

Yours sincerely

Dominic Price

REQUEST FOR THE ADMINISTRATION OF PRESCRIPTION MEDICINE IN SCHOOL

To be completed by the parents/guardian of any child to whom medication may be administered under the supervision of school staff.

Please complete in block letters

Child's name: _____	Form: _____
Doctor's Name: _____	Doctor's Tel No: _____

The Doctor has prescribed the following:

Name of Drug/Medicine to be given:	When to be taken, before/after food:	Date:	How much:	Period of Treatment:
1.				

NB: Parents are responsible for keeping medicines up-to-date, for notifying school of any changes and removal of out-of-date medicines and return to the dispensing pharmacy.

Please record below any special/emergency procedures to be followed or side effects known.

PLEASE DELETE AS APPROPRIATE

I request that the treatment be given in accordance with the above/attached information. I understand that it may be necessary for this treatment to be carried out during educational visits and other out of school activities, as well as on the school premises. I will inform you immediately of any changes in the above.

I undertake to supply the school with the medicines in properly labelled containers, including a 5ml medicine spoon or oral syringe for liquid medicines.

I understand that whilst school staff will use their best endeavours to carry out these arrangements, no legal liability can be accepted by the School staff or Headmaster/Proprietor in the event of any failure to do so, or of any adverse reaction by my child to the administration of the drug.

I give consent for my child to administer their own medication.

Signed: _____
(Parent/Guardian)

Date: _____

Teacher's initials: _____ Date: _____

Confirmation of Prescription Medicine Given

Name of Child	Name of Medication	Date	Time	Amount administered	Any reaction (describe)	Name of staff administering