



May 18

Administering of medicines at school

At school we are aware of the need to assist parents with their child's health and as such can administer specific medication on your behalf for your child. The medication we can administer is:-

- Prescription medication, as long as it is in the original packaging with the prescription label clearly showing it is in date, with your child's name and the relevant dosage.
- The only non-prescription medications we can administer is pain medication (i.e. calpol, nurofen) in either liquid or melt form and hayfever medication in oral or nasal form only, when it is hayfever season. Again this needs to be in the original packaging, showing the dosage and clearly labelled with your child's name.

In all instances please could you provide the appropriate medicine spoon/syringe.

To avoid disruption to lessons in most cases medication can only be administered at the following times:

Reception 11.30am Year 1 & 2 11.50am

We would respectfully request that consideration of these times are taken into account when giving a dose of medicine to your child in the morning before school and their need at the end of the school day i.e. after 3.15pm.

All medicines must come into school via the school office as they will need to be signed in by a parent/carer. Unfortunately, we do not accept medicines coming into school via your child's bookbag.



Administering Medication Form

(to be completed by parent/carer)

Childs Name: _____ Childs Class: _____

Name and type of Medication: _____

Dosage per label: _____ Time to be administered: _____

Please note: to avoid disruption to lessons, in most cases medication can be only be administered at Reception 11.30am Year 1 & 2 11.50am

Start of Prescription (date): _____

End of Prescription (date): _____

Please note a new consent form will need to be completed at the start of each new week the medicine is required.

Expiry date of medication: _____

I hereby consent to the office staff, or a delegated member of staff, administering the above medication according to the details given here.

Signature of Parent/Carer: _____

Date: _____

If you would like further details regarding when medicine has been administered on any day then if you could come into or call the school office by 4pm then a member of staff can advise you accordingly.

Office Use only:

Date / time medication administered

	Monday	Tuesday	Wednesday	Thursday	Friday
staff initials					
time					