

APPENDIX 1

Sunnymede Junior School

PARENTAL REQUEST FOR SCHOOL TO ADMINISTER MEDICATION

Sections A,B and C To be completed by the Parent / Carer and returned to the school office

The administration of medication should be kept to a minimum and parents are asked to consider the possibility of administering the daily doses out of school hours. If this is not possible the following consent form must be completed and agreed by the school:

- **Medication MUST be delivered to / collected from the school office by parent / carer only and in its original packaging**
- **Medication WILL NOT be dispensed without written permission**
- **It is the child's responsibility to come to the office for their medication, unless an alternative plan has been agreed in writing with the school (see section B)**

Section A			
Child's Name		Child's Class	
Condition		Medication Name	
Dosage (Amount to be given)		Time of day dosage should be given	
Start day of medication		Last date medication to be given	
Means of administration e.g. spoon, syringe. Other information – This must be provided		Known side effects / special precautions – if any (please attach any relevant information)	
Please indicate if you will bring / come to collect the medication from the school each day or if you prefer to leave it in school until the end of the prescribed period			

Section B	
Please sign <u>one</u> of the options below	
A) My child knows when to come to the office for their medication and I understand that it is their responsibility to do so	Signature:
B) I will come to the school in person to administer my child's medication	Signature:
C) My child's medication at the prescribed time is vital and failure to take it would have serious health implications for my child's health. As such, I am attaching a letter explaining these implications and would like to arrange a meeting to discuss an alternative plan with the school	Signature:

Section C			
Parent / Carer signature		Daytime contact details	
Print Name		Date	
Relationship to child			

Section D		
Office use only		
Member of staff delegated to administer medication		Where option C of section B has been selected by the parent, record the agreement that has been made:
Member of staff to administer medication in the above's absence		

A log of medication in respect of this request will be maintained and kept with this request – see Appendix 2