



April 2020

Dear Parent/Carer

## **ADMINISTRATION OF MEDICATION TO STUDENTS**

If your child needs to take medication in school, please complete the attached form and return it to reception. A second copy is available in your child's student planner.

The medication should be within its use by date and will be stored in the medical room in correct conditions.

We expect students who require medication to take responsibility for informing us if they have taken any tablets earlier in the day. If you believe that your child may get confused in answering questions about this, please complete the section on the form so that we can contact the named person who will be able to give us this information.

Please note the medication must be in its original packaging when brought into school or we cannot accept it.

**Medical Welfare Assistant**



## TUPTON HALL SCHOOL

### Parental Consent for Tupton Hall School to Administer Medicine

Tupton Hall School will not give your child medicine unless you complete and sign this form. It is our policy that staff can administer medicine, and staff volunteer to do this.

***Note: Medicines must be in the original container as dispensed by the pharmacy***

Date

Child's name

Date of birth

Group/Class/Form

Medical condition or illness

### **Medicine**

Name/type of medicine/strength  
*(as described on the container)*

Date dispensed

Expiry date

Parental signature confirming  
agreement to administering/changes of  
dosage of medication

Dosage and method

Timing – when to be given

Special precautions

Any other instructions

Number of tablets/quantity to be given to  
Tupton Hall School

# FORM: ADMINISTRATION OF MEDICINES



Are there any side effects that the Tupton Hall School needs to know about?

Self-administration

Yes / No (*delete as appropriate*)

Procedures to take in an emergency

## Contact Details – First Contact

Name

Daytime telephone number - mobile

Relationship to child

Address

I understand that I must not send medicine/tablets to school with my child without this form

## Contact Details – Second Contact

Name

Daytime telephone number - mobile

Relationship to child

Address

Name and phone number of G.P.

[Please sign and date the agreement on the next page]

# FORM: ADMINISTRATION OF MEDICINES



The above information is, to be the best of my knowledge, accurate at the time of writing and I give consent to Tupton Hall School staff administering medicine in accordance with the Tupton Hall School policy.

I will inform Tupton Hall School immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

I accept that this is a service that Tupton Hall School is not obliged to undertake.

I understand that I must notify Tupton Hall School of any changes, in writing.

Date \_\_\_\_\_ Signature(s) \_\_\_\_\_