

*Supporting Children: Supporting Effective Learning*

**RSE2**

**PARENTAL CONSENT FORM FOR SCHOOL STAFF TO ADMINISTER NON-PRESCRIBED MEDICATION**

<b>Name of Hostel:</b>		<b>MEMBER OF STAFF:</b>	
<b>Name of Pupil:</b>		<b>Date of Birth:</b>	

The Education Authority and NHS Highland agree that school staff can, in your absence, administer non-prescribed medicines to your child while on a residential school trip. The range of non-prescribed medications and the symptoms which may be treated are listed below.

<b>Symptom</b>	<b>Medication</b>
Pain	Paracetamol, Ibuprofen
Mild fever	Paracetamol, Ibuprofen
Allergy	Chlorphenamine
Motion sickness	Hyoscine Hydrobromide

The above named medications will be administered according to the manufacturer's guidance.

I hereby give my consent for school staff to give my child non-prescribed medicines from the list agreed by NHS Highland and in accordance with the Education Authority's guidance on administration of medicines on residential school trips.

<b>Signed:</b>		<b>Relationship to child:</b>		<b>Date:</b>	
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**NB This FORM to be retained in pupil file for a minimum of five years after the pupil leaving school.**

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## Admin 1a

### REQUEST FOR SCHOOL TO ADMINISTER MEDICATION

Name of School:		Head Teacher:	
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#### Form for parents to complete if they wish the school to administer medicine

The school will not give your child medicine unless you complete and sign this form, and volunteer school staff have agreed to administer.

#### Details of Pupil

Surname:		Forename(s):	
Address:			
Date of Birth:		Male:	Female:
Condition or illness:			

**Medication 1:** Parents must ensure that medication supplied is properly labelled with a Pharmacy or Dispensed label which states:

- Pupil's name
- Name of medicine
- Dose
- Frequency of administration
- Date of dispensing

Name/type of medication:			
How long will your child take this medication?			
Quantity:			
Full directions for use:	<p>Note dosage and method e.g. Oral, Injection, Tube Feed, or other.</p> <p>Timing when medicine should be given:</p> <p>Special precautions:</p> <p>Side effects:</p> <p><b>N.B. "As directed" is <u>not</u> acceptable.</b></p>		
Self administration:	Yes		No



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**REQUEST FOR SCHOOL TO ADMINISTER MEDICATION (continued)**

**PROCEDURES TO FOLLOW IN AN EMERGENCY**

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**Contact Details**

1. Name:	
Emergency phone no:	
Relationship to pupil:	
2. Name:	
Emergency phone no:	
Relationship to pupil:	

I understand that I must deliver the medicine personally (to agreed member of staff) and accept that this is a service which the school is not obliged to undertake.

I undertake to inform the agreed member of staff immediately of any changes in the medication and provide an appropriately labelled supply.

**Please Note: Verbal information will not be acted upon.**

Medicines will be replaced/replenished by me as required and I understand and agree that the school are not responsible for maintaining the medication.

Signature(s):		Date:	
Relationship to pupil:			



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**Admin 1b**

**REQUEST FOR PUPIL TO CARRY HIS/HER PRESCRIBED MEDICATION**

Name of School:		Head Teacher:	
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**Form for parents to complete if they wish their child to carry and administer his/her own prescribed medication** (must be completed by parent/guardian)

<b>Pupil's name:</b>		<b>Date of Birth:</b>		<b>Class:</b>	
<b>Address:</b>					
<b>Condition or illness:</b>					
<b>Name of prescribed medication (dose, times of administration)</b>					
<b>Procedures to be followed in an emergency:</b>					

**Contact Information**

<b>Name:</b>	
<b>Emergency phone no:</b>	
<b>Relationship to pupil:</b>	

I would like the above named pupil to keep his/her prescribed medication on him/her for use and for him/her to self administer as described above.

<b>Signed:</b>		<b>Date:</b>	
<b>Relationship to pupil:</b>			