



ADMINISTRATION OF MEDICINES

Parent Form

CONDITIONS FOR ADMINISTERING MEDICINES

Medicines may **ONLY** be administered under the following conditions:

1. No medicine should be administered without full pharmacist's instructions for the specific individual child.
2. The medicine should be sent to school in the original bottle/container with the pharmacist's label and instructions.
3. The medicine should be handed to the Head Teacher on the first day of administration and to a member of staff on subsequent days when brought into school.
4. Medicine should never be kept in a child's bag or personal tray unless it is kept in school for self-administration, e.g. asthma inhaler . (N.B. **not cough sweets**).
5. Medicine should not be administered unless as part of a course of treatment prescribed by a doctor.
6. Medicines which are part of a course of treatment e.g. antibiotics, may be administered BUT only if the administration of the medicine is unavoidable during the school day e.g. part of a 4 dose/day course of medicine which needs to be completed.
7. If the parents are available to administer essential medicines during the school day, they should be asked to do so.
8. The Head Teacher will be responsible for the administration of medicines unless other staff members volunteer to do so. Only members of staff who have signed an administration agreement may administer medicines in school.
9. The administration of medicines is done on a voluntary basis and therefore the school will not be held accountable should administration be missed entirely or administered at a time other than stated below.

RULES TO BE OBSERVED WHEN ADMINISTERING MEDICINES

1. There must always be two adults present during the administration of medicine.
2. The administration of medicine must follow the **pharmacist's printed** instructions.
3. If there is any doubt as to the correct procedure, the parent must be contacted.
4. Only the child's prescription may be administered.
5. The administration of any medicine must be recorded on the child's Medicine Administration Form.

PLEASE ADMINISTER TO:

Pupil's name: _____

Medicine: _____

Dosage: _____

Time: _____ Date: _____

Signed: _____

I acknowledge that the members of staff administering the medicine do not have formal health care training and if in doubt will contact me. I agree to provide accurate information about the administration of the medicine and that I will only provide medicine that has been prescribed for my child.

By signing this document I agree to the terms and conditions set out above.