

PLEASE RETURN THIS FORM TO THE SCHOOL'S MAIN OFFICE WITH THE PRESCRIBED MEDICINE(S)

Arrangements for Medicines Held in School

All medicines required to be held in school should be brought in (in its original box/packaging including dosage and frequency instructions), with this completed "*Permission for Prescribed Medicines Administered in School*" FORM (Further copies are available on the school's website under Parent Information under Reporting Absence & Lateness section or the school office.

The medicine(s) and completed form(s) must be handed to a member of staff in **the School Office** from 8.30 a.m on the first day of term. Please make a note of expiry dates. It is the responsibility of the parents/carers to provide medication which is within its "use by" date.

Storage

Medicines will be stored in the **Medical Room** and will be available to your child at all times during the course of the school day and for off-site school trips.

Temporary Medicines

If temporary administration of a prescribed medicine is required, i.e. four times per day, this should also be brought in with its original box/packaging, dosage and frequency instructions. Please bring the medicine to the School Office, along with a "*Permission for Prescribed Medicines Administered in School*" form duly completed.

Finally, if you have any queries please speak to Mrs Morgan in the school office.

Appendix C
Keston Primary School
PERMISSION FOR PRESCRIBED MEDICINES ADMINISTERED IN SCHOOL

If your child needs ***prescribed*** medicate administered during school time or a course of antibiotics to be taken up to four times a day, please complete and return this form with the appropriate medication.

Please bring the medicine(s) to the **School Office** in its original box, clearly labelled with your child's name, class, dosage and expiry date of the medication.

The medicine(s) will then be stored in the adjacent **medical room** and will be available at all times during the course of the school day and for off-site school trips. Parents will also be responsible for collecting the medicine to take home and no medicine will be given to a child to take home at the end of a school day.

Please note teachers and other school staff have no obligation to give medicines to children at school. They will do so to co-operate with parents in the best interests of the child, but only on the basis that they, the school, and the LEA will not be held responsible for any problems which may result from their so doing.

CHILD'S NAME CLASS.....

TYPE AND NAME OF PRESCRIBED MEDICINE.....

DETAILS OF REASON WHY MEDICATION IS TO BE GIVEN (including triggers if appropriate).....

STORAGE INSTRUCTIONS: Refrigerated Yes/No (delete as appropriate)

DETAILS OF TIME/WHEN MEDICATION IS TO BE TAKEN.....

DOSE & METHOD OF ADMINISTRATION

CAN CHILD SELF-ADMINISTER THE MEDICATION?

HOW LONG WILL YOUR CHILD TAKE THIS MEDICATION?
.....

ANY SPECIAL PRECAUTIONS?

POSSIBLE SIDE EFFECTS?

I GIVE PERMISSION FOR THE ABOVE MEDICATION TO BE ADMINISTERED AT SCHOOL BY SCHOOL STAFF

Signature of Parent/Carer Date.....