

St Andrew's C E Primary School

Administration of Medicine in School

If your child is well enough to attend school but a doctor has advised that he/she must take medicine during the school day, **parents are welcome to come into school at lunchtime to administer it.** Please come to the main entrance and we will arrange for your child to be brought to you. If you wish to do this, please let us know in advance.

If it is not possible for you to come into school at lunchtime, you may request that a member of staff administer the medicine. If you wish to do this **please note:**

- Medicines can be administered at the discretion of the Headteacher, who reserves the right, in all cases, not to agree to the administration in school.
- The attached consent must be signed. If it is agreed to, the parent automatically accepts full responsibility for any consequences arising from the child taking the medicine. Neither the school or any individual member of staff can be held responsible for any such consequences.
- **Medicines must be handed by an adult to a member of staff and must be collected from the school office by an adult.** Under no circumstances are children allowed to carry medicines into school and school staff are not allowed to hand medicines to children to take home.
- The medicine must be labelled with your child's name and dosage details and should be brought in the smallest practical quantity.
- It is your child's responsibility to go to a member of staff for his/her medicine to be administered.
- The school cannot accept responsibility for medicines not being administered if any of the above conditions are not met.

Please complete the consent form below if you wish a member of staff to administer your child's medicine. Medicines cannot be administered without this.

St Andrew's C E Primary School Request for Administration of Medicine at School

Please administer to my child. I have read and agree to the school's conditions for the administration of medicine and I accept full responsibility for any consequences that may arise following its administration. I understand that the Headteacher reserves the right to decline this request.

Name of Child Class

Description of Medicine

Dosage Time of Administration

Duration of course

Signature of parent Date

Request approved/declined Headteacher