

EDUCATIONAL SERVICES

Parental Request for Medication to be Administered

1. PUPIL DETAILS

Pupil's Name : Date of Birth :
 Address :

 School :
 Tel. No. : Home: Emergency :

2. DETAILS OF MEDICATION/MEDICAL CONDITION

I request that my son/daughter have the following prescribed medication administered by school staff as indicated :

- a Nature of medical condition :

- b Name of medicine(s) :

- c Prescribed by (please tick as appropriate) :

General Practitioner <input type="checkbox"/>	Hospital <input type="checkbox"/>	Other <input type="checkbox"/>
Name	Name	Specify
.....
Address	Address	Address
.....

NB: Written instructions from a medical professional are required

- d Times at which medicine(s) to be given (please specify times or **as required**)

- e Dose of medicine(s) to be given and means of administration

- f Length of time current supply of medicine will cover

3. STAFF INDEMNITY

Where a member of staff acting in the course of employment administers medication to a pupil they will be indemnified by the Council's liability insurance for any claim for negligence relating to injury or loss through their actions, provided that the following criteria have been met; they have received full appropriate training by a qualified medical person; they have received refresher training at the required intervals; they have used the relevant protective equipment for that purpose; there is written parental instruction and consent for treatment to be given; it is made clear to non-trained staff that they should not provide treatment.

NB: Staff are not required to administer medication, but may be required to support an **Agreement for the Implementation of an Individual Pupil Protocol** in certain circumstances. The Headteacher will provide details and information of this as and when appropriate.

4. PARENTAL RESPONSIBILITY

- (i) I accept responsibility for delivering the medicine(s) personally to the Head Teacher or nominated member of the promoted staff, and to replace them wherever necessary.
- (ii) I accept responsibility for advising you immediately of any change of treatment prescribed by any doctor or hospital.
- (iii) I understand the terms of the Staff indemnity.

Signature : Date :
Parent/Carer

Date Received by School: Signature:
Headteacher

ACTION TAKEN