



Burbage Primary School
Striving for Excellence

Administration of Medication

Parental Consent Form (2)

Medication to be administered on Educational and Residential Visits

(this form must be completed in addition to PC Form (1) for children on prescribed medication)

Prior to completing this form please read Burbage Primary School's Policy for Administration of Medication.

Burbage Primary School will not administer medication to your child unless you complete and sign this form.

Please complete:-

- Child's name _____
- Date of Birth _____
- Year Group _____
- Class Teacher _____

Contact Details –First contact

- Name _____
- Relationship to child _____
- Daytime telephone number _____
- Mobile telephone number _____
- Address _____

Contact Details –Second contact

- Name _____
- Relationship to child _____
- Daytime telephone number _____
- Mobile telephone number _____
- Address _____

Medical Contact

- Name of GP _____
- Name of GP's Practise _____
- Address of GP's Practise _____
- Telephone number of GP's Practise _____

Part (1) – For children on **Prescribed Medication** only

- Medical condition or illness _____

- Name/type of medicine/strength (as described on the container)

- Date dispensed _____
- Expiry date _____
- Dosage and method _____
- Frequency (2 times daily etc) _____
- Special precautions? _____
- Any other instructions? _____
- Quantity of medication or number of tablets given to school _____

- Are there any side effects of the medication that the school should be informed of? _____
- Procedures to take place in an emergency _____

In accordance with Burbage Primary School Administering Medication Policy, each child requiring prescribed medication will have a medical record card signed by both the lead teacher and the first aid trained member of staff, recording date, time medicine was issued, what medicine was issued and any follow up procedures that need to be implemented.

If a child refuses to take their medicine, we will not force them to do so, but will note this in their medical record and contact the named contact on the medicine form. If a refusal to take medicine could result in an emergency situation, the Parent/Carer will be contacted immediately and asked to attend the residential visit to administer their child's medication or remove them from the visit for safety reasons.

A copy of each child's medical record will be given to their Parents/Carers on return.

Self Administration

With the exception of Asthma inhalers, children will not be permitted on educational and residential visits to self-manage/administer their medication, even if this is permitted whilst at school.

Part (2) – For children with **Non-Prescribed Medication** (calpol, paracetamol, ibuprofen, travel sickness tablets, antihistamines, cough medicine, indigestion remedies etc)

- Name/type of medicine/strength (as described on the container)

- Dosage and method _____
- Frequency (i.e. twice daily or as and when required) _____

- Special precautions? _____
- Any other instructions? _____
- Are there any side effects of the medication that the school should be Informed of? _____
- Procedures to take place in an emergency _____

In accordance with Burbage Primary School Administering Medicines Policy each child requiring non-prescribed medicines will be assessed by the first aid trained member of staff and the lead teacher before any medication is administered.

Each child requiring non-prescribed medicine will have a medical record card, signed by both staff members recording, date, time medicine was issued, what medicine was issued, for what reason and any follow-up procedures that need to be implemented.

If there is a concern, parental approval will be sought before any medicine is administered.

A copy of each child's medical record will be given to their parent/carer on return.

Completed by _____

Relationship to child _____

Date _____

- The above information is, to the best of my knowledge, accurate at the time of writing
- I give consent to Burbage Primary School to administer medication (prescribed and non-prescribed) to my child in accordance with the School's Policy on Administration of Medication
- I have read and understood Burbage Primary School's Policy of Administration of Medication and will comply by it

- I understand that I must deliver and collect all medicines prior to and after a educational and residential school visit
- I accept that, with non-prescribed medicines this is not a service that Burbage Primary School is obliged to undertake
- I understand that all medication must be in its original container as dispensed by the pharmacy, complete with dosage instructions and utensils (spoon/syringe)

Signed _____ **Date** _____

 (to be completed by school)

Authorisation

Authorisation is given for (child's name) _____

To be administered with (type of medicine) _____

Signed _____ Date _____

Mrs J Ward

Headteacher

Burbage Primary School

Type of Visit: - Educational or Residential (delete as appropriate)

Venue: - _____

Address of Venue: - _____

Date(s) attending: - _____

Lead Teacher: - _____

First aid trained member of staff: - _____