



# Hamstel Junior School Parental Agreement

## Accepting Medicines in School

Child's name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Class \_\_\_\_\_

Address \_\_\_\_\_

Phone Number: \_\_\_\_\_ (you may be contacted to confirm when a previous dose was administered)

Person giving permission for the administering of the medicine listed below:

Name \_\_\_\_\_ Parent / Carer / other adult (please specify) \_\_\_\_\_ Signature \_\_\_\_\_

| Date | Name of person who brought medication in | Medical condition or illness | Name / type of medication (as described on the container) | Expiry date | Dosage and method | Timing | Special precautions / other instructions | Any side effects that the school should be aware of | Self-administer Yes / No | Procedures to take in an emergency (if applicable) | Received by: |
|------|--|------------------------------|---|-------------|-------------------|--------|--|---|--------------------------|--|--------------|
|      |  |                              |   |             |                   |        |  |   |                          |  |              |
|      |  |                              |   |             |                   |        |  |   |                          |  |              |
|      |  |                              |   |             |                   |        |  |   |                          |  |              |

*NB: Medicines must be in the original container as dispensed by the pharmacy*

The school will only accept prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist and that include instructions for administration, dosage and storage. (The exception to this is insulin which must still be in date, but will generally be available to schools inside an insulin pump, rather than in its original container). This form is to be completed when any medication is presented to school. It must be completed in ink, errors must not be written on or covered over. Dosage instructions must not be tampered with and must be presented in their original state. Parents cannot alter the dosage. The medication must have the full name and date of birth of the person it is intended for.

### **INHALERS/PIRITON/ AUTO-INJECTOR (Adrenalin)**

*Please only complete this part of the form if your child has their own prescription for the medicines listed*

**In the event of an emergency, and my child's medication as indicated below is not available, I give permission for the school to administer the School's own**

AAI (Auto Injector- Adrenalin)       Inhaler       Piriton

Signed.....Parent/Carer      Date.....



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## Accepting Medicines in School

Overleaf, is the Hamstel Junior School form for accepting medicines.

Please complete the form if your child has prescribed medication they need to take whilst in school. The form should be returned to school along with the relevant medication.

Please be aware, medication must be in date and provided in its original container as dispensed by a pharmacist. Your child's name and date of birth should be on the label together with clear instructions for administration, dosage and storage.

The school office now has a Ventolin/Salbutamol inhaler and an epi-pen available; please provide permission overleaf if your child can use these in the event of an emergency. *Please note, this only applies to children who have their own prescription for an inhaler and / or epi-pen.*