

**APPENDIX 3: PARENTAL AGREEMENT TO ADMINISTER PRESCRIPTION OR NON-PRESCRIPTION MEDICINE**  
 (Taken from OSHENS Dec 2020)

**PARENTAL AGREEMENT TO ADMINISTER  
 PRESCRIPTION OR NON-PRESCRIPTION MEDICINE**

**Holywell C of E Primary School**  
**Notes to Parent / Guardians**

*Note 1: This school will only give your pupil medicine after you have completed and signed this form.*

*Note 2: All medicines must either be in the original container as dispensed by the pharmacy, with your pupil's name, its contents, the dosage and the prescribing doctor's name (in the case of prescription medication) or in the original packaging (e.g.: sealed blister pack) for non-prescribed medicine.*

*Note 3: This information is requested, in confidence, to ensure that the school is fully aware of the medical needs of your student.*

**Medication details**

<b>Date</b>	
<b>Student's name</b>	
<b>Date of birth</b>	
<b>Group/class/form</b>	
<b>Reason for medication</b>	
<b>Name / type of medicine (As described on the container)</b>	
<b>Expiry date of medication</b>	
<b>How much to give (i.e., dose to be given)</b>	
<b>Time(s) for medication to be given</b>	
<b>Special precautions /other instructions (e.g., to be taken with/before/after food)</b>	
<b>Are there any side effects that the school needs to know about?</b>	
<b>Procedures to take in an emergency</b>	
<b>I understand that I must deliver the medicine personally to the office staff or class teacher</b>	
<b>Number of tablets/quantities to be given</b>	
<b>Time limit – please specify how long your student needs to be taking the medication</b>	_____day/s _____week/s

I give permission for my son/daughter to be administered the emergency inhaler held by the school in the event of an emergency	Yes / No/ Not applicable
I give permission for my son/daughter to carry their own asthma inhalers	Yes / No / Not applicable
I give permission for my son/daughter to carry their own asthma inhaler and manage its use	Yes / No / Not applicable
I give permission for my teenage son/daughter to carry their adrenaline auto injector for anaphylaxis (epi pen)	Yes / No / Not applicable
I give permission for my son/daughter to be administered the emergency adrenaline auto-injector held by the school in the event of an emergency	Yes / No / Not applicable
I give permission for my son/daughter to carry and administer their own medication in accordance with the agreement of the school and medical staff	Yes / No / Not applicable

**Details of Person Completing the Form:**

Name of parent/guardian	
Relationship to student	
Daytime telephone number	
Alternative contact details in the event of an emergency	
Name and phone number of GP	
Agreed review date to be initiated by	

I confirm that the medicine detailed overleaf has been prescribed by a doctor and that I give my permission for the Headteacher (or his/her nominee) to administer the medicine to my son/daughter.

I confirm that the medicine detailed is in the original packaging [in the case of non-prescription medication].

I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped. I also agree that I am responsible for collecting any unused or out of date supplies and that I will dispose of the supplies.

The above information is, to the best of my knowledge, accurate at the time of writing.

Parent's Signature: ..... Date: .....  
 (Parent/Guardian/person with parental responsibility)

**APPENDIX 4: RECORD OF MEDICINES ADMINISTERED** (taken from OSHENS Dec 2020)

Record of medicines administered

Holywell C of E Primary School					
Name of Young Person	Group/Class/Form Tutor group				
Name of medicine	Date medicine provided by parent				
Expiry Date	Quantity Received				
Dose and frequency of medicine	Quantity Returned				
Fully completed parental consent form received for the admin of this medicine					
Staff Signature		Date			
Signature of Parent		Date			

**Ventrus Log of Medicines Administered (must not be altered in policy review without ELT consent)**

Date	Time given	Dose given	No of pills remaining (if applicable)	Name of person administering meds	Signature of person administering meds	Signature of person checking admin of meds	Problems/side effects
	Parent informed of use of emergency inhaler?						
	Parent informed of use of emergency AAI?						