

HAMPTON COLLEGE (SECONDARY PHASE)

PARENTAL CONSENT FOR A CHILD TO RECEIVE OCCASIONAL MEDICATION IN SCHOOL

Please complete if applicable, giving as much detail as possible:

Pupil's Name: _____

House/Tutor Group: _____ Date of Birth: _____

I consent to my child receiving the following medication in school:

Medication:			
Start date:		End date:	
Required dose:		Time to administer:	am / pm* <small>*delete as appropriate</small>
Storage instructions:			
Is the medication labelled with a pharmacy label?			YES / NO
Does the named medication correspond with the parental consent form?			YES / NO
Is the medication in date?			YES / NO
Do the dosage instructions provided by the parent match the pharmacy label?			YES / NO
Are clear storage instructions provided?			YES / NO
Has the parent identified a clear time for the medication to be administered?			YES / NO

I undertake to ensure that the school has adequate supplies of the medication.

I undertake to ensure that the medication supplied by me is correctly labelled, in date with dosage and storage details attached and the school will be informed of any changes.

I understand that a qualified First Aider will assist my child in administering their medication correctly.

I understand that the school can only administer occasional medication and that it is my responsibility to ensure that any medication is brought to school and collected from school on a daily basis if necessary.

Signature of Parent/Carer: _____ Date: _____

HAMPTON COLLEGE (PRIMARY PHASE)



STAFF LOG FOR ADMINISTERING OCCASIONAL PRESCRIBED MEDICATION IN SCHOOL

Pupil's Name: _____

Class: _____

Date of Birth: _____

Medication:			
Start date:		End date:	
Required dose:		Time to administer:	am / pm* <small>*delete as appropriate</small>
Storage instructions:			
Notes:			

Staff checklist

Is the medication labelled with a pharmacy label?	YES / NO
Does the named medication correspond with the parental consent form?	YES / NO
Is the medication in date?	YES / NO
Do the dosage instructions provided by the parent match the pharmacy label?	YES / NO
Are clear storage instructions provided?	YES / NO
Has the parent identified a clear time for the medication to be administered?	YES / NO
Have two members of staff checked all of the above?	YES / NO

Appointed staff

The following staff are willing to supervise or assist with the administering of medication for the named child and have ensured that the above checklist has been followed prior to medication being administered. The named staff will complete the log (overleaf) when the medication is administered.

Name:	Signed:	Date:
Name:	Signed:	Date:
Name:	Signed:	Date:
Name:	Signed:	Date:

