Alma Primary Medication Form (Occasional)



Parental Consent For A Child To Receive Medication In School

Except in exceptional circumstances (e.g. a specified health care plan), we will only administer medication as follows:

- Medication not prescribed by a doctor is subject to approval by the Headteacher
- Medication will only be administered once during normal school hours and only if required FOUR times a day
- First doses of any antibiotic must be given at home and the first 24 hour of doses must be given by a parent/carer
- Medication must be given to the office in its original packaging, with this form and any additional information e.g. Dr's note

Child's name			D.O.B.			Class	
Name of							
Medication (as described							
on the container)							
Medication form i.e. liquid,				Storage			
tablets, capsules				instructions			
Date & time of first dose/application		1 st dose must be at home and by parent for first 24 hours		Expected date of last dose/application			
Dosage, method and of taking medicati school	U	(please give as much detail as possible) Medication will only be administered ONCE during normal school hours and only if required FOUR times a day					

Permission:

- I consent to my child being administered the medication above, during school hours.
- I undertake to ensure that the school has adequate supplies of the medication/equipment.
- I undertake to ensure that the medication/equipment supplied by me and prescribed by my child's doctor is correctly labelled, in date, with storage details attached and to inform the school of any changes.
- I understand that the medication/procedure will be administered according to the instructions given above.

Signed (Parent/Carer):		Print Name:	Date:			
Office Use Only						
Label checked	Storage instructions checked	Dosage checked	Expiry date (as stated on container)			
Medication form and quantity given						

Checked & authorised by School Administrator (or Headteacher or SBM)	Signed:	Date:
Authorised by Headteacher (if an exceptional circumstance)	Signed:	_ Date:

Administration Log

Date	Time given	Dose given	Staff Member 1	Staff Member 2