



CORNIST PARK SCHOOL
Parental Request to Administer Medicine

Parental Agreement for school to administer medicine to your child

The school advises that if your child has been **prescribed medicine by a medical professional**, then in the first instance, it should be assessed if your child is actually well enough to attend school – certainly at the outset of a course of treatment such as an anti – biotic.

If at all possible, prescribed medicine should be administered at home by parents, or by parents visiting the school to issue further doses during the school day.

The school will consider administrating **medically prescribed medicine** to pupils if;

- your child is well enough to attend school whilst taking medicine
- That the **medicine has been prescribed by a medical professional** and is clearly labelled with dosage etc. (The school is unable to administer over the counter medicines/painkiller/allergy meds without a prescription)
- Medicines are presented in the or original containers as dispensed by the Pharmacy
- If the parent or another designated adult is unable to visit the school to administer further doses required during school hours

Parental Agreement

Date _____

Name of Child _____ **Class** _____

Name of Prescribed Medicine _____

Dose to be administered _____

Time to be administered _____

Any further instructions _____

Daytime number of Parent _____

Name of GP _____

The above information is to the best of my knowledge accurate at the time of writing and I give my consent to school staff to administer the medicine in accordance with the school policy. I will inform the school immediately in writing if there is any change on direction of dosage or frequency of the medicine to be administered, or if the medication is to be stopped.

Parent Signature _____

Print Name _____