

Appendix 2

West Croft School - Administration of Non-Prescribed Medicines

Name of pupil	
Address	
Reason for Non-Prescribed Medicine:	
Dates I would like the non-prescribed medicine to be administered	

If medicine is needed for more than 3 days, then we would recommend a doctor's appointment is made and any further medication to be prescribed by the GP or that the GP advises to continue in writing.

Name of Medicine	
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As a parent/carer I understand:

- Non-prescribed medication will only be administered by the school after 1pm
- We will only give the dosage that is recommended by manufacturers
- We will only administer non-prescribed medicine once in the school day
- We will not administer non-prescribed medicine for more than 3 consecutive days and will require written confirmation from a medical professional to continue for longer.
- It is the parent's/carers responsibility to check that their child has the medicine administration slip (appendix 3) at the end of the school day.
- I understand that school will not administer non-prescribed medicine without written consent (appendix 2)
- It is the Headteacher, Assistant Head Teacher or Full Emergency First Aider's final decision on whether non-prescribed medicine should be administered or whether the child's guardian should come to school to administer the medication themselves.
- Only non-prescribed medicine supplied by the parents will be administered.

I confirm that I have read the above terms for administering non-prescribed medicines and I agree with them. I also give my permission for the /Headteacher (or their nominee) to administer the non-prescribed medicine to my son/daughter.

Signature(s) _____ Date _____

This form should be completed by the parent or guardian of the pupil and be delivered personally, together with the medicine, to the school office team.

The non-prescribed medicine should be:

- In its original bottle
- Clearly labelled with the child's name
- In date
- Collected by the parents/carers after 3 days

The information given is requested in confidence, to ensure that the /Headteacher or their nominee is fully aware of the medical needs of your child.



Appendix 3

Administration of medicine to an individual child

Name of child	
Date medicine provided by parent	
Class	
Prescribed/non-prescribed	
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	

Staff signature _____

Signature of parent _____

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date
Time given
Dose given
Name of member of staff
Staff initials

Date
Time given
Dose given
Name of member of staff
Staff initials

Date
Time given
Dose given
Name of member of staff
Staff initials

Date
Time given
Dose given
Name of member of staff
Staff initials



