

## Doagh Primary School

### PARENTAL REQUEST FOR THE ADMINISTRATION OF MEDICATION

*Doagh Primary School has a duty of care to provide a safe and happy environment where all children will be cared for and treated in a manner which enables them to feel secure at all times. Neither teachers nor support staff have a legal or contractual duty to administer medicines or provide health care. Consequently, medication that can be given at home, should be given at home. However, when the taking of medication is necessary during the school day this will only be undertaken when clear written instructions and consent have been provided and where nothing more than administration is required. Please also note that due to the busy nature of daily school routines, older children should try to take responsibility to remind the teacher about the time(s) for administration of medicine.*

**Please complete this form if your child requires prescribed medication during the school day.**

Name of Pupil: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Female       Male

Address: \_\_\_\_\_

#### CONTACT DETAILS ~ NAME AND TELEPHONE NUMBERS

1. \_\_\_\_\_ Tel: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

2. \_\_\_\_\_ Tel: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Brief description of medical condition(s) and symptoms:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### PRECISE DETAILS OF IN-SCHOOL MEDICATION REQUIREMENTS

Parents must ensure that medication is 'in date' and in its secure and labelled container as originally dispensed. The school will not accept items of medication in unlabelled containers.

Name of Medication	Dosage Required	Time to be administered

Self-administered?      Yes                  No                  (Please circle as appropriate)

Special precautions: \_\_\_\_\_

Are there any side effects that the School needs to know about? \_\_\_\_\_

\_\_\_\_\_

Procedures to take in an emergency: \_\_\_\_\_

\_\_\_\_\_

Please arrange for \_\_\_\_\_ to receive the stated medication until \_\_\_\_\_ / until further notice.

Signed: \_\_\_\_\_ (Parent / Guardian) Date: \_\_\_\_\_

***In the event of any change/s to the above medication the parent must advise the Principal in writing immediately or as soon as practicable.***

***Please note, medication will not be given to your child unless this form has been completed.***

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### **SELF ADMINISTRATION OF INHALERS (P4 - 7 ONLY)**

*\*If you wish your child to carry an additional inhaler in school and wish them to self-administer, please sign the consent declaration below.*

*I would like my child to keep an additional inhaler in his/her possession and to self-administer as detailed above.*

Signed: \_\_\_\_\_ Parent/Guardian Date: \_\_\_\_\_

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### **STATEMENT OF PARENTAL CONSENT**

*I understand that I must deliver the medicine personally to the school office. I also understand it is my responsibility that a supply of the required medication held in school is kept maintained and is 'in date'. I give full permission for Doagh Primary School to act in loco-parentis and in accordance with my written instructions as recorded above. I recognise it is my responsibility to inform school about any changes in the above medical requirements, in writing, and accept that the school staff members are under no obligation to administer medicines and therefore cannot be held responsible for an accidental failure to dispense it.*

Signed: \_\_\_\_\_ Parent/Guardian Date: \_\_\_\_\_

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### **AGREEMENT OF PRINCIPAL**

*I agree that the above named pupil will receive medication as detailed at the agreed times. This pupil will be supervised whilst he/she takes their medication. This arrangement will continue until the school is notified otherwise in writing by the parent/guardian.*

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

*Principal/authorised member of staff*

