

**HUNTINGTON PRIMARY ACADEMY**  
**PARENT/CARER AGREEMENT TO ADMINISTER MEDICINE IN SCHOOL**

**FORM TO BE COMPLETED FOR LONG TERM MEDICATION**

LONG TERM MEDS FORM

For office use only:

Date Rec:

Meds taken by:

Meds logged in by:

If parents/carers are leaving medication to be administered by Huntington Primary Academy staff, they must read the following statement, then sign and date where indicated.

I understand that staff at Huntington Primary Academy will only administer medication which has been prescribed by a GP and the label clearly states my child's name, the date dispensed and the dosage required. I also understand that medication will be administered at 12 noon only and that if my child needs medication at another time during the day, it is my responsibility to come to the academy to administer the medicine.

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

If your child requires medication to be available in school for less than a 2 week period (i.e. Antibiotics) please complete the 'short term' medicine form.

**Please complete all parts of this long term medication form**

|                               |                            |
|-------------------------------|----------------------------|
| Name of school:               | Huntington Primary Academy |
| Name of child:                |                            |
| Child's class:                |                            |
| Medical condition or illness: |                            |

|  |  |
|--|--|
| Name of the medication:                                |  |
| Quantity received by school (i.e. Full asthma inhaler) |  |

***From the dispensing label please give the following details:***

|                                |  |
|--------------------------------|--|
| Date dispensed:                |  |
| Expiry date of the medication: |  |
| Dosage required:               |  |

|                                     |                          |                          |
|-------------------------------------|--------------------------|--------------------------|
| Where is the medicine to be stored? | Fridge                   | <input type="checkbox"/> |
|                                     | Classroom (daily access) | <input type="checkbox"/> |
|                                     | School's medicine store  | <input type="checkbox"/> |

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|--|
| Are there any side effects that the school need to know about? |
|--|

**Please turn over**

|   |  |
|---|--|
| Who to contact in an emergency?<br>(Name, relationship to child and contact number)   |  |
| If the person to contact in an emergency is not the parent/carer, has this person given consent for their information being given and used as an emergency contact? | YES <input type="checkbox"/> NO <input type="checkbox"/> |

|  |     |                          |    |                          |
|--|-----|--------------------------|----|--------------------------|
| Is your child allowed to self-administer the medication? | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
|  |     |                          |    |                          |

|  |     |                          |    |                          |
|--|-----|--------------------------|----|--------------------------|
| Does your child have a 'Care Plan' ?   | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| If yes, is the 'Care Plan' up to date? | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |

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|--|
| Is there any additional information you wish to add? |
|  |

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent for Huntington Primary Academy to administer medicine in accordance with the 'Supporting Pupil's with Medical Conditions Policy'.

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

Print name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_