

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

SHORT TERM MEDS FORM
 For office use only:

Date Rec:
 Meds taken by:
 Meds logged in by:

FORM TO BE COMPLETED FOR SHORT TERM MEDICATION

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 more than a 2 week period (i.e. Asthma inhaler, epi pen) please complete the '**long term**' medicine form.

Please complete all parts of this short 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 bottle, half bottle)	
What dates will your child need the medicine administering at school:	From: To:

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"/>

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

Please turn over

Who to contact in an emergency? (Name, relationship to child and contact number)	
If the person to contact in an emergency is not the parent/carers, 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"/>

Is there any additional information you wish to add?
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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: _____