



# PARENTAL REQUEST FOR THE ADMINISTRATION OF NON-PRESCRIBED MEDICATION



Portglenone 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 medicine 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. If school time medication of non-prescribed, short term medication is essential, please complete the form below.

<b>Name of Pupil</b>	
<b>Date of birth</b>	
<b>Class</b>	
<b>Brief description of condition/symptoms</b>	

<b>Precise details of in school medication requirements</b>	
Parents must ensure that in date medication, in a secure container as originally purchased is supplied.	
<b>Name of medication</b>	
<b>Dosage required</b>	
<b>Method of administration</b>	
<b>Time to be given</b>	
<b>Self-administration</b>	Yes / No (delete as appropriate)
<b>Emergency procedures</b>	

**STATEMENT OF PARENTAL CONSENT:**

I understand that I must deliver the medication personally to the school office. I give full permission for Portglenone 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 are under no obligation to administer medicines and therefore cannot be held responsible for an accidental failure to dispense it.

\_\_\_\_\_  
Signature of person with legal parental responsibility

\_\_\_\_\_  
Date

**AGREEMENT OF PRINCIPAL**

I agree that the above named pupil will receive medicine 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 (or the course of medication comes to an end).

\_\_\_\_\_  
Signature of principal

\_\_\_\_\_  
Date