



PARENTAL REQUEST FOR THE ADMINISTRATION OF 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 is essential, please complete the form below.

Name of Pupil	
Date of birth	
Class	
Brief description of condition/symptoms	

Precise details of in school medication requirements	
<i>Parents must ensure that in date medication, in a secure and labelled container as originally dispensed is supplied. The school will not accept items of medication in unlabelled containers.</i>	
Name/Type of medication	
Date Dispensed	
Expiry Date	
Dosage required	
Method of administration	
Time to be given	
Special Precautions	
Side effects	
Self-administration	Yes / No (delete as appropriate)
Emergency procedures	

STATEMENT OF PARENTAL CONSENT:

I understand that I must deliver the medication 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 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

PTO

SELF ADMINISTRATION OF INHALERS

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 carry an additional inhaler in school and wish them to self-administer as detailed above.

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