



Arden Primary School Medical Permission Form

The Headteacher would like to remind all parents/carers that there is no legal duty which requires staff to administer medication; this is a voluntary role. **Only prescribed medication** will be administered. The Headteacher is responsible for deciding whether the school can assist a pupil who requires medication. Such decisions as far as practicable encourage regular attendance and participation in school life. The Headteacher would like to make parents/carers aware that they should keep their child at home if he/she is very unwell. It is the responsibility of parents/carers to inform school whenever a pupil is receiving prescribed medication. This applies to medication prescribed on both a regular and intermittent basis. **All medication must be provided in the original pharmacist packets or containers with the child's name, dose and date clearly printed and visible.**

PLEASE NOTE: Parents should ensure that medication held in school on a child's behalf are "in date". If medication becomes out of date, parents/carers will be informed immediately and asked to collect, dispose and replace if necessary. Advice about the safe disposal can be obtained from local pharmacists. **For health and safety reasons all medication should be handed in and collected by a responsible adult.**

Name of Pupil	
Class Teacher	
Date of medication provided in school	
Name of medication	
Reason for medication	
Dose and method, how much and how is it taken?	
Time – when is it taken?	
Duration of course	
Quantity received by school	
Expiry date	
Collection of medication	
Does your child attend kids club?	
Does your child attend any clubs?	

School will make every effort to ensure that your child receives their prescribed medication. If for any reason your child does not receive their prescribed medication, we ask for your understanding. There may also be exceptional circumstances when staffing levels affect the administration of the medication and where such arrangements fail it is the parent's responsibility to make alternative arrangements.

I confirm that the above medication has been prescribed by a doctor, and that I give my permission for the Headteacher (or his nominee) to administer the medicine to my son/daughter.	Parents/Carers Signature	
	Print Name	
	Contact Number	