

## ADMINISTRATION OF MEDICINE IN SCHOOL

### IMPORTANT INFORMATION, PLEASE READ CAREFULLY

Parents/Carers are required to:

1. Complete all of Form 1 'Medical Consent Form'.
2. If you require the school to keep and administer medicines, you must complete and sign Form 2 'Parental agreement for school to administer medicine'.
3. If your child needs to carry their own medication in school, you must complete Form 3 'Request for child to carry his/her own medicine'.

Medicines must be delivered to the school office by a parent/carer or other responsible adult (i.e. NOT the student). They must be clearly labelled with child's name, contents name, dosage and any other instructions from the doctor.

If medication is required over long periods of time, any change in dosage or other arrangements should be notified by parents/carers. It is the responsibility of parents/carers to maintain supplies of medicines in school and to ensure that those supplies are within their expiry date.

If your child has a long term condition, please contact the main Reception to arrange a meeting to set up a Medical Support Plan.

Yours sincerely

Mr P Whear  
Headteacher

 [enquiries@stowuplandhighschool.co.uk](mailto:enquiries@stowuplandhighschool.co.uk) Web: [www.stowuplandhighschool.co.uk](http://www.stowuplandhighschool.co.uk)

*Stowupland safeguards and promotes the welfare of students and requires all staff and visitors to share this commitment.*



**John Milton Academy Trust**  
Partnership School

Company no: 10298832



**Stowupland  
High School**

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Stowmarket  
Suffolk  
IP14 4BQ

Tel: 01449 674827

**Headteacher:**  
Mr P Whear

**Chair of Governors:**  
Mrs K Hudson



**MEDICAL CONSENT FORM**

PLEASE PRINT CLEARLY

<b>Student's Full Name:</b>	
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**1. Medical Information**

<b>a. Does your son/daughter suffer from any conditions requiring medical treatment?</b>	<b>YES / NO</b>
If <b>YES</b> , please give brief details:	
<b>b. To the best of your knowledge, has your son/daughter been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that may be contagious or infectious.</b>	<b>YES / NO</b>
If <b>YES</b> , please give details:	
<b>c. Does your son/daughter suffer from any allergies?</b>	<b>YES / NO</b>
If <b>YES</b> , please give details including management and emergency protocol forms, if applicable.	
<b>d. Please outline any special dietary requirements of your child:</b>	

If you wish the school to retain your child's medicine and be supervised during administration of his/her medicine, please complete **Form 2 "Parental agreement for school to administer medicine"** including the "Legal Disclaimer" below. If you wish your child to carry and administer his/her own medicine, please complete **Form 3 "Request for child to carry his/her own medicine"** including the "Legal Disclaimer" below.

**2. Declaration**

I undertake to inform the school as soon as possible of any changes in the medical circumstances of my child whilst attending the school. I agree to authorise the Headteacher to approve such medical treatment for my child as is deemed necessary in an emergency. I may be contacted by telephone on the telephone numbers provided on the Student Information Form.

<b>Signed:</b> Parent/Carer			<b>Date:</b>	
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**LEGAL DISCLAIMER**

I understand that neither the Headteacher nor anyone acting on his/her authority, nor the Governing Body will be liable for any illness or injury to the child arising from the administering of the medication or drug unless caused by the negligence of the Headteacher, the person acting on his/her authority or the Governing Body, as the case may be.

<b>Signed:</b>		<b>Date:</b>	
<b>Relationship:</b>			

**PARENTAL AGREEMENT FOR SCHOOL TO ADMINISTER MEDICINE**

The school will not give your child medicine unless you complete and sign this form, and the Headteacher has agreed that school staff can administer the medication. Please read and sign the disclaimer below.

**DETAILS OF STUDENT**

<b>Full Name:</b>		<b>Form:</b>	
<b>Address:</b>		<b>Condition or Illness:</b>	

**MEDICATION**

<b>Name/Type of Medication</b> (as described on the container)		<b>Dosage and method:</b>	
<b>Full Directions for Use:</b>		<b>Date Dispensed:</b>	
<b>Timing &amp; Special Precautions:</b>		<b>Self Administration:</b>	YES / NO
<b>Side Effects:</b>		<b>Procedures to take in an Emergency:</b>	

**CONTACT DETAILS**

<b>Name of Parent/Carer:</b>		<b>Relationship to Student:</b>	
<b>Address:</b>		<b>Daytime Contact No:</b>	

My child's doctor has prescribed the above medication.

I understand that I must deliver the medication personally to the school office. I accept this is a service which the school is not obliged to undertake.

<b>Signed:</b> Parent/Carer		<b>Date:</b>	
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I understand that neither the Headteacher nor anyone acting on his/her authority, nor the Governing Body will be liable for any illness or injury to the child arising from the administering of the medication or drug unless caused by the negligence of the Headteacher, the person acting on his/her authority or the Governing Body, as the case may be.

<b>Signed:</b>		<b>Date:</b>	
<b>Relationship:</b>			

**Form 3**

**REQUEST FOR CHILD TO CARRY HIS/HER OWN MEDICINE**

If an epi-pen is to be carried, prior arrangement with the school is required.  
 If staff have any concerns, this request will be discussed with healthcare professionals.

**STUDENT DETAILS:**

<b>Full Name:</b>		<b>Form:</b>	
<b>Address:</b>		<b>Condition or Illness:</b>	

**MEDICATION:**

<b>Name/Type of Medication</b> (as described on the container)		<b>Dosage and method:</b>	
<b>Full Directions for Use:</b>		<b>Date Dispensed:</b>	
<b>Timing &amp; Special Precautions:</b>		<b>Self Administration:</b>	YES / NO
<b>Side Effects:</b>		<b>Procedures to take in an Emergency:</b>	

**CONTACT DETAILS**

<b>Name of Parent/Carer:</b>		<b>Relationship to Student:</b>	
<b>Address:</b>		<b>Daytime Contact No:</b>	

I would like my son/daughter to keep his/her medicine on him/her for use as necessary.

<b>Signed:</b> Parent/Carer		<b>Date:</b>	
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**LEGAL DISCLAIMER**

I understand that neither the Headteacher nor anyone acting on his/her authority, nor the Governing Body, will be liable for any illness or injury to the child arising from the administering of the medication or drug unless caused by the negligence of the Headteacher, the person acting on his / her authority or the Governing Body as the case may be.

<b>Signed:</b>		<b>Date:</b>	
<b>Relationship:</b>			

**Please Note: if more than one medicine is to be given, a separate form should be completed for each one.**