

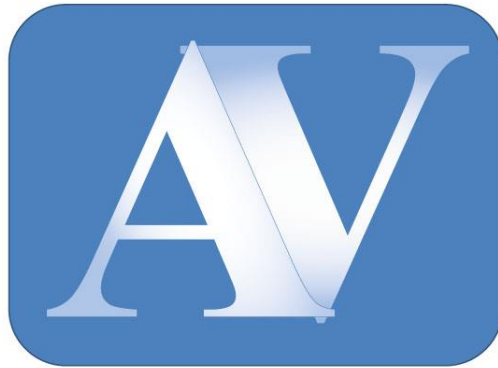
**Abbey View School**

**Policy:** Administering Medicines

**Date approved:** 13<sup>th</sup> June 2016

**Approved by:** Full Governing Body

**Date to be reviewed by:** 13<sup>th</sup> June 2019



**Abbey View School**

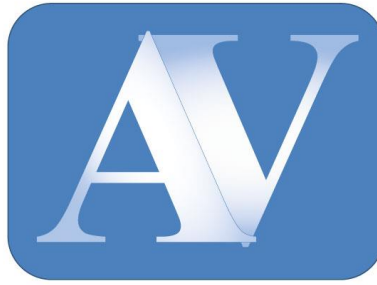
## **Abbey View School – Administering Medicines**

**Parents are responsible for their child's medication and for informing the school of its use.**

When medication has to be administered during school hours a Parental agreement must be obtained and completed. Without this signed agreement medication cannot be administered to a student in school. (See below).

All medicines will be kept securely in the office and will be stored as directed on the parental/carer permission form.

When a student is due their medication it will be given to them within its container or packet. At no point should any member of staff come in contact with the medication.



**Abbey View School**

## **Abbey View School – Administering Medicines Parent/Careers Permission Form**

The school will not give your child medicine unless you complete and sign this form

Name of Student:

Date of Birth:

Medical condition / illness:

Name of medicine (as described on  
the container):

Date dispensed:

Expiry date:

Dosage and method:

Timing:

Special precautions:

Storage of medicine (e.g. locked cupboard, refrigerator):

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

Self Administration (supervised) YES / NO

Procedures to take in an emergency:

Contact Details:

Name:

Daytime Telephone No:

Relationship to student:

Address:

**I understand that I must ensure that the medicine reaches the school safely**

**I accept that this is a procedure the school is not obliged to undertake and I understand that I must notify the school of any changes in writing.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

*For office use only*

*Date medicine arrived in school:*

*Date medicine was returned or was finished:*