



# Basic Care Plan / Instruction to Administer Medication

Please complete all shaded boxes on this form

To: Head Teacher of

Name of School	<b>Chellaston Junior School</b>
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Name of Child	Class

My Child has been diagnosed as having (condition)	
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(S)he has been considered <u>fit for school</u> but requires the following <u>prescribed/non-prescribed medicine</u> to be administered during school hours:	Name of <u>Prescribed</u> Medication	Name of <u>Non-Prescribed</u> Medication

I give permission for the medication to be administered (indicate <b>yes</b> in the appropriate box)...	by an adult only	Either by the child themselves or by an adult

Administration details	<u>Dosage</u> (how much)	<u>At</u> (times)	<u>Starting from</u> (date)	<u>Until</u> (date) leave blank if there is no defined end date

Administered to...	Mouth	Ear	Nose	Other (please specify)

I allow for my child to carry the medication upon themselves* <b>Yes or No</b>	
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\*The school will need to also give permission for this, taking into account the risks

### Declaration

- I undertake to update the school with any changes in routine, use or dosage or emergency medication and to maintain an in date supply of the prescribed medication.
- I understand that the school cannot undertake to monitor the use of self-administered medication or that carried by the child and that the school is not responsible for any loss of/or damage to any medication.
- I understand that if I do not allow my child to carry the medication it will be stored by the School and administered by staff with the exception of emergency medication which will be near my child at all times.
- I understand that staff will be acting voluntarily in administering medicines to children.
- I undertake to collect all medicines from the school when they are no longer required, expired, and at the end of each term.

<b>Signature</b> of Parents/Carers with <b>Legal Responsibility for the Child</b> (please use an electronic signature where possible – we will send this back to you for signing if not)	Name of Parent/Carer	Date

Contact Details	Mobile	Work	Home



### **Record of Medication Administered to the Pupil**

MUST BE PRINTED BACK TO BACK WITH THE 'Instruction to Administer Medication' form

Name of Child  Class

Date	Time given	Dose given	Initials (staff)	Sign (staff)