**BISHOP LUFFA PARENTAL REQUEST FOR SCHOOL TO ADMINISTER MEDICINE**

The school cannot give your child medicine unless you complete and sign this form and **the medication is prescribed for your child by a doctor and is in the**

***original container with instruction leaflet inside as dispensed by the pharmacy***

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| **Name of Pupil:** |  | |
| **Date of Birth:** |  | |
| **Tutor Group:** |  | |
| **GP Name and Address:** |  | |
| **Medical condition/illness:** |  | |
|  | |  |
| **Name/Type of Medicine**  **(as described on the container):** | |  |
| **Date dispensed:** | |  |
| **Expiry date:** | |  |
| **My child has taken this medicine before and has had no adverse reaction to it** | | Yes  No |
| **Agreed review date to be initiated by the School Healthcare Manager:** | |  |
| **Dosage and method:** | |  |
| **Timing:** | |  |
| **Parental Notification:**  **Please advise each time my child is given a dose:** | | **By Phone**  **By Email**  **Note sent home**  **None of the above** *(Please tick as appropriate)* |
| **Special Precautions:** | |  |
| **Are there any side effects that the school/setting needs to know about?** | |  |
| **Self-Administration:** | | **My child may self-administer this drug/may carry the drug on their person if the school agrees** (delete accordingly)  **Yes/No** (delete as appropriate) |
| **Procedures to take in an Emergency:** | |  |
| **Any other information you would like to add:** | |  |

**Contact Details**

|  |  |
| --- | --- |
| **Name:** |  |
| **Relationship to Child:** |  |
| **Daytime Telephone No:** |  |
| **Email address:** |  |
| **Address:** |  |

* I understand that either myself or my son/daughter must deliver the medicine personally to the Healthcare Manager and accept that this is a service that the school is not obliged to undertake.
* I request that the treatment be given in accordance with the above information by a responsible volunteer member of the school staff. I understand that it may be necessary for this treatment to be carried out during education visits and other out of school activities, as well as on the school premises.
* I understand that I must notify the school of any changes in writing.
* I undertake to supply the school only with prescription drugs and medicines in the original prescription labeled containers, including a 5ml, medicine spoon or oral syringe for liquid medicines.
* I understand that if my child has been prescribed an auto injector (e.g. Epipen, Jext) for the management of their allergy it is my responsibility to ensure one auto injector will be sent into school to be kept in school and the second to be kept with my child, in their school bag, throughout the school day and on school trips.
* I consent for the following treatment to be given to my child as recognised by Asthma Specialists in an emergency, and attach a copy of the Asthma Action Plan as prepared by the GP or Asthma Nurse.

Give 6 puffs of the blue inhaler via a spacer

Reassess after 5 minutes

If the child still feels wheezy or appears to be breathless they should have a further 4 puffers of the blue inhaler

Reassess after 5 minutes

If the symptoms are not relieved with 10 puffs of blue inhaler then this should be viewed as a serious attack.

I understand It is my responsibility to ensure my child has an in date inhaler with them at all times during the school day and on school trips. It is my responsibility to provide school with an inhaler for emergencies. This inhaler will remain in school.

* I accept that whilst my child is in the care of the School, the School staff stand in the position of the parent and that the School staff may, therefore, need to arrange any medical aid considered necessary in an emergency, but I will be told of any such action as soon as possible.
* I understand that whilst school staff will use their best endeavors to carry out these arrangements, no legal liability can be accepted by the School staff or Governors in the event of any failure to do so, or of any adverse reaction by my child to the administration of the drug.

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| Signature(s): |  | Date: |  |
| Relationship to child: |  |  |  |