ON TRACK EDUCATION

Parental agreement for school to administer medication to students

The school will not give medication unless this form has been completed, signed and returned. A copy will be sent back to parents/carers so all are aware of the agreement

All medication must be in the original container as dispensed by the chemist

Name of student	
Date of birth	
Medical Condition(s) including allergies	
Name of medication linked to each medical conditions/allergy	
Dosage required to be given at school	
Time medication to be given	
Are there any side effects that we need to know about?	
Can your child be responsible for their own medication?	
What should we do in an emergency? *Please include names & phone numbers of trusted contacts*	

I give consent for staff at On Track to give medication in line with school policy. I will inform On Track in writing if there is any change in dosage or frequency of the medication or if the medication is stopped.

Name: ……

Signature: ……

Date: ……

Individual Healthcare Plan

Name of school	
Child's name	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date	
Review date	

Family Contact Information

Name	
Phone no. (work)	
(home)	
(mobile)	
Name	
Relationship to child	
Phone no. (work)	
(home)	
(mobile)	

Clinic/Hospital Contact

Name	
Phone no.	

G.P.

Name	
Phone no.	

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily care requirements

Arrangements for school visits/trips etc

Other information

Describe what constitutes an emergency, and the action to take if this occurs

Parent/carer permission to give non-prescription medication to students

There are times when students will present to staff with a headache or similar pain. We are very reluctant to send them home with what may be a minor complaint, but at the same time we understand that a headache can stop a student from being able to focus on their learning at school.

If you are in agreement, we will give your child either Paracetamol or Ibuprofen to help them manage their aches and pains, but this will only be possible with this document signed and returned.

If you have given your child any painkilling medication before their arrival at school, please phone to inform staff, so that further tablets are not given too soon.

If your child is taking any medication which cannot be taken with Paracetamol or Ibuprofen, please inform the school, to avoid harming your child.

Whenever your child has been given Paracetamol or Ibuprofen at school, you will be informed of what has been provided and when the last dose was given before your child arrives home.

Paracetamol will not be given to students under 12 years of age.

I give permission for my child to be given Paracetamol or Ibuprofen while they are at school: YES / NO (please circle response)

Name of child:

Name of parent:

Signature of parent/carer:

Date: