

MEDICAL FORM 1



Authorisation for the Administering of Medication (Hayle Academy)

Student Name	Date of Birth	Tutor Group & Year

Medical Problem	Name of medication	Instructions
How to administer / self-administer with supervision:	Side effects school needs to be aware of:	Dose: Frequency: Start date: End date: Expiry date of medicine:
How to administer / self-administer with supervision:	Side effects school needs to be aware of:	Dose: Frequency: Start date: End date: Expiry date of medicine:
How to administer / self-administer with supervision:	Side effects school needs to be aware of:	Dose: Frequency: Start date: End date: Expiry date of medicine:

Hayle Academy Terms of Agreement for storing and administering medication

- I understand the school and staff do not take responsibility for administering this medication.
- When submitting long term medication to the school, I acknowledge that it is my responsibility to note my child's medication expiry date and replenish their stock when necessary as well as to collect and dispose of any expired medications.
- I agree to collect my child's medication from First Aid at the end of Summer Term and supply new medication if needed, along with a new authorisation form at the start of the new academic year.
- Any prescribed medication must come in its original container/packaging and be clearly labelled with the student's name, dosage/frequency of administration, date of dispensing, cautionary advice and expiry date (this is standard practice from all pharmacies).
- The school does not agree to look after single strips of any medication; even pain relief must be supplied in its original packaging.

- I agree that staff will only oversee medication being taken and make a record of each dose taken during school hours.
- I consent to staff giving the stated treatment in the event of an emergency as they consider necessary and/or administering the routine medication as detailed on the medicines authorisation form.
- I understand this is a service which the school is not obliged to undertake.
- I understand that I am responsible for ensuring the appropriate medication is available to the school.
- I understand that no medication should be held in school by a child unless this is part of their health care plan (e.g. Epi-Pen or inhaler – **see Form 2**). School must be made aware of these and health care plans provided. Pain relief medication is part of our banned substances within school.

Please acknowledge that you have read and agreed with the above and have also read and understood the School's 'Managing Medical Conditions' policy as well the school's Health and Safety policy by signing below.

I give permission for medication to be administered to my child and agree to the terms stated above:

Signed by Parent/Carer:

Print Name:

Date:

School use only

Medication storage set up	Notes	Actioned by	Date
Where and how is the medicine stored?			
Is a new medical plan needed?			
Has this information been added to ARBOR?			
Is a risk assessment required?			
Review date			