

# MEDICAL FORM 2: Self Administering of Medication Consent Form (Asthma Inhaler, EpiPen, Insulin and medicated creams)



Student Name	Date of Birth	Tutor Group & Year

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

## Hayle Academy Terms of Agreement for students carrying and administering their own medication:

- I agree that my child is suitably trained and competent to safely carry and administer their own asthma, EpiPen, insulin or medicated cream medication.
- I acknowledge that guidance and training has been given for my child to safely carry and self administer the medications named in the table above and that it is my responsibility to ensure this is repeated regularly.
- I acknowledge that it is my responsibility to note my child's medication expiry date and replenish their medication when necessary as well as to collect and dispose of any expired medications.
- I acknowledge that it is my responsibility to provide an up to date care plan for school.
- I understand the school and staff do not take responsibility for administering this medication.
- 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.)
- I confirm that my child will safely hold this medication and will use this appropriately and safely.
- 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 if my child is unable to administer this themselves.
- I understand that I am responsible for ensuring the appropriate medication is available to my child.

**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 schools Health and Safety policy by signing below.**

**I give permission for my child to carry and if needed administer their own asthma or EpiPen medication, insulin or apply medicated cream.**

***Signed by parent / guardian:***

***Print Name:***

***Date:***

**Upon completion, please e-mail this form to [medicalform@hayle.tpacademytrust.org](mailto:medicalform@hayle.tpacademytrust.org) or hand into the main reception desk.**

### **School use only**

<b>Medication storage set up</b>	<b>Notes</b>	<b>Actioned by</b>	<b>Date</b>
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			