

Basic Care Plan

Instruction to Administer Medication

Please complete all shaded boxes on this form



*Please note that all parents/carers are expected to arrange for medication to be taken outside of school times, please discuss with your health practitioners to plan this.
In extenuating cases parents may request that school administer medication by completing the below form.

To: Headteacher of

Name of School	Ormston School
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Name of Child	Year Group

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 Prescribed Medication	Name of Non-Prescribed Medication

I give permission for the medication to be administered (indicate yes 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)

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 with prescription label.
- 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 medication 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.

<u>Signature</u> of Parents/Carers with Legal Responsibility for the Child	Name of Parent/Carer	Date

Contact Details	Mobile	Work	Home