



BARWELL CHURCH of ENGLAND ACADEMY



General Care Plan / Parent / Guardian / Carer CONSENT FORM

To: Headteacher ofSchool

From: Parent/Guardian of.....Full Name of Child

My child has been diagnosed as having:

..... (name of condition)

He / She has been considered fit for school but requires the following prescribed medicine to be administered during school hours:

..... (name of medication)

I allow / do not allow for my child to carry out self administration (delete as appropriate)

Could you please therefore administer the medication as indicated above

..... (dosage) at..... and(timed)

With effect from..... until advised otherwise.

The medicine should be administered by mouth / in the ear / nasally /other.....
(delete as applicable)

I understand that all medication must be brought into school and collected from school by a responsible adult. All prescription and non-prescription medication must be clearly labelled with the **child's name** and **parental instructions for school use**.

I understand that non-prescription medication will be self-administered by the child, following parental instructions and in the presence of a member of school staff.

I understand that medication will be stored by the school and may be administered by staff or self administered as indicated above. School does not allow a child to carry the medication upon themselves (with the exception of inhalers).

I undertake to update the school with any changes in routine, use or dosage or the need for emergency medication and to maintain an in-date supply of the prescribed medication.

I understand that the school cannot undertake to monitor the use of inhalers carried by children and that the school is not responsible for any loss of/or damage to any medication.

I understand that staff act voluntarily in administering medicines to children.

Signed.....Date:.....

Name (please print)..... (Person with parental responsibility for the above named child)

Contact Details: Home.....Work: Mobile: