PARENTAL AGREEMENT FOR ACADEMY TO ADMINISTER MEDICINE

Academy: Exmouth Community College

**Notes to Parent / Carer**

**Note 1:** Medicines may only be brought onto College premises if you complete and sign this form.

**Note 2:** This Academy will only administer medicines as follows:

In circumstances when a student requires non-prescription medication for pain, only paracetamol will be given to children under the age of 16, when parents have given prior written permission. On no occasion will Aspirin, or preparations containing Aspirin, or medicines containing Ibuprofen be given to students unless prescribed by a doctor or identified in a medical recommendation letter.

All medicines must be in the original container and clearly labelled with the student’s name.

**Note 3:** The information is requested, in confidence, to ensure that the Academy is fully aware of the medical needs of your child. While no staff member can be compelled to give medical treatment to a student, it is hoped that the support given through parental consent, Devon Health and Safety Service guidance and the help of the Academy’s Medical Service will encourage them to see this as part of their pastoral role. Where such arrangements fail it is the parent’s responsibility to make alternative arrangements.

Medication to be administered

|  |  |
| --- | --- |
| Date |  |
| Student’s Name |  |
| Tutor Group |  |
| Name and strength of medicine |  |
| Prescription / Non prescription | Delete as appropriate |
| How much to be given (dosage) |  |
| When to be given |  |
| Reason for medication |  |
| Number of tablets / quantity to be given to ECC |  |
| Time limit – please specify how long your son / daughter needs to be taking the medication | Days Weeks |
| For the duration of any short-term medication, is the student booked on any off-site activities? | Yes / No |
| I give permission for my son / daughter to carry his / her adrenaline auto injector for anaphylaxis (Epipen, Jext, Emerade) | Yes / No / Not applicable |
| I give permission for my son / daughter to carry his / her own insulin pen and manage its use | Yes / No / Not applicable |
| I give permission for my son / daughter to carry his / her own asthma inhaler and manage its use | Yes / No / Not applicable |
| Daytime phone number of parent or adult contact | Home / Work:Mobile: |
| Alternative contact in the event of an emergency |  |
| Name and phone number of GP |  |
| Agreed review date to be initiated by: |  |

I confirm that the details overleaf are correct, and that I give my permission for the Principal (or his nominee) to administer the medicine to my son / daughter during the time he / she is at Exmouth Community College.

I understand that in the case of non-prescribed medicine further information may be sought by the College to ensure safe and accurate administration of the medicine.

I will inform Exmouth Community College immediately, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

I also agree that I am responsible for collecting any unused or out of date supplies and that I will dispose of the supplies.

The information on this form is, to the best of my knowledge, accurate at the time of writing.

Signature:…………………………………………………………………………………………. Date:…………………………………………………………….

 (Parent / Carer / Person with parental responsibility)