

# St. Mary's R.C. Primary School



## Request to administer medication

### School Medication Policy

Legally schools are not compelled to administer medication to children, because of the risks involved and possible legal consequences. However, it is our School Policy, wherever possible, to assist children and parents by administering medicines in school time, if the staff member concerned is prepared to do so.

The school does impose certain conditions before it will administer medicine to the children in its care:

1. The medication must have been prescribed by a doctor. It must be that 4 doses are needed per day, 3 doses can be administered at home.
2. Non prescription medicines are not allowed in school.
3. No member of staff will administer eye drops or eye cream, in case damage is caused.
4. Parents must fill in and return the request form below, accepting full responsibility for the administration of medicine in the school. Medicine must be taken to the office.
5. Parents must ensure that all medicines are clearly marked, with the name of the child, the dosage, and the time that the medicine should be administered. All medicines must be in their original packaging as dispensed by the pharmacist.
6. Junior children will keep their inhalers for Asthma. Inhalers for Infant children will be kept in their classrooms unless parents demand otherwise.

Please complete the form below and hand both this form and the medicine into the school office for safekeeping.

I request that my child \_\_\_\_\_ Currently in class \_\_\_\_\_

Be given the following prescribed medication, and I accept full responsibility in the event of any accidents while medication is being administered.

*Medicines must be in original container as dispensed by the pharmacy*

Name of medication \_\_\_\_\_

Dosage and times to be administered \_\_\_\_\_

Dates during which medicine is to administered from \_\_\_\_\_ to \_\_\_\_\_

Please give any emergency contact telephone numbers:

Signed \_\_\_\_\_ date \_\_\_\_\_  
(Parent/Guardian)

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It is agreed that the above medication will be administered within the terms of the school medication policy.

Signed \_\_\_\_\_ date \_\_\_\_\_  
Headteacher