



AUTHORISATION FOR ADMINISTERING MEDICATION

Student Name:	Date of Birth:	Tutor Group:

MEDICAL PROBLEM	NAME OF MEDICATION	INSTRUCTIONS
		Dose: Frequency: Expiry Date:
		Dose: Frequency: Expiry Date:
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I require Student Services to store and administer my Son/Daughters medication.

When submitting long term medication to the school, I acknowledge that it is my responsibility to note my son/daughter's medication expiry date and replenish his/her stock when necessary.

I agree to collect my child's medication from Student Services at the end of Summer term and supply new medication if needed, along with a new authorisation form at the start of the new academic year.

Please acknowledge that you have read and agreed with the above and have also read and understood the School's policy on Administering Medication listed overleaf by signing below.

Signed by Parent/Guardian:

Date:

Please print name:

Warlingham School Terms of Agreement for storing and administering medication

- 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 practise from all pharmacies.)
- The school does not agree to look after single strips of any medication; even pain relief must be supplied in its original packaging.
- I agree that staff will only oversee medication being taken and make a record of each dose taken during school hours.
- 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.
- I understand this is a service which the school is not obliged to undertake.
- I understand that I am responsible for ensuring the appropriate medication is available to the school.

For office use only

Medication Storage Process	Notes	Actioned by	Date
Medication storage set up			
New Individual Medical Plan needed			
Individual Medical Plan set up			
Copy sent to Parent/Guardian			
Added to SIMS			
Risk Assessment Required:			
Exit Card Needed			
Review Date:			