****



**CONSENT FORM FOR MEDICATION TO BE GIVEN IN SPECIAL SCHOOLS**

 **SPECIAL SCHOOL: NAME OF LINK PERSON:**

|  |  |
| --- | --- |
| **CHILDS NAME:** | **FAMILY DOCTOR:**  |
| **ADDRESS:**  | **ADDRESS:** **TELEPHONE NUMBER:**  |
| **DATE OF BIRTH:**  | **CONSULTANT:** |
| **ANY KNOWN ALLERGIES?**  |

**I parent/guardian of the above named child give my consent for the nurse in school/school staff to administer the following medication in accordance with the Special School Nursing and school medication policy and for this information to be shared with those staff who care for my child (e.g. class staff, care staff) and therefore may need to know the following details.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **NAME OF MEDICATION** | **STRENGTH** | **DOSE TO BE GIVEN e.g. 1 X 5 mg tablet** | **TIME TO BE GIVEN** | **HOW TO BE GIVEN EG SPOON/ORAL SYRINGE/ BY FEEDING TUBE** | **ANY OTHER INFORMATION OR INSTRUCTIONS** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

The above information is, to the best of my knowledge, accurate the time of writing. I understand that I have the responsibility to inform the school nurse/school staff/care staff immediately in writing, if there is any change in dosage of frequency of the medication and to provide the appropriate medication for school. (See overleaf point 4).

Signature of parent/guardian Date:

Name of parent/guardian:

(Please print)

I give my consent for my child to receive Paracetamol in school in accordance with the Special School Nurses / school medication policy.

Signature of parent/guardian: Date:

Name of parent/guardian

****

**PARENT INFORMATION SHEET**

 **This information sheet should be sent home with the consent form attached.**

A few important points to remember for medication to be given in school:

:

1. Written consent must be given by a person with parental responsibility.
2. A new form is required each time there is a change to medication.
3. Details on the consent form must be completed by the person signing the form and must clearly show:
* The name and strength of the medication
* The dose to be given
* The time to be given as advised by your doctor.
1. Medication supplied to school must be in its original container and in date and clearly labelled with:
* The child’s name
* The name of the medication
* The strength of the medication
* The amount of medication e.g. number of tablets/mls in the bottle
* The dose to be given and how often
* The date it was dispensed
1. Only medication prescribed by a doctor can routinely be given in school.
2. All medication for school must be handed to the child’s bus guide/taxi escort and not put in the child’s bag.
3. Paracetamol

If it is within the school policy to administer Paracetamol and if your child becomes unwell in school e.g. In pain, high temperature, a dose of Paracetamol can be given with your written consent on the form supplied (overleaf). New consent will be needed at the start of every new school year.

**N.B. Please remember to inform school if you have given your child Paracetamol or a product containing Paracetamol before coming to school.**