

# The Holy Trinity Church of England Secondary School

## NOTIFICATION OF A MEDICAL CONDITION & AUTHORISATION FOR THE ADMINISTRATION OF MEDICINE IN SCHOOL

This form must be returned to Student Services

If you have any queries regarding the completion of this form please telephone 01293 652971

### TO BE COMPLETED BY THE PARENT/GUARDIAN OF THE CHILD

PART 1 & PART 4 to be completed in all cases

PART 2 & PART 3 to be completed if applicable

#### Part 1 – Medical and Contact information

(To be completed in all cases)

Student's name: ..... Date of Birth: ..... T/G: .....

Student's address: .....

Medical Diagnosis or Condition: .....

Describe Medical Needs & give details of Child's symptoms:

.....

.....

Daily care requirements: (e.g. before sports/at lunchtime):

.....

Describe what constitutes an emergency for your child, and the action to take if this occurs:

.....

.....

Follow up care:

.....

Date: ..... Review Date: .....

**CONTACT DETAILS – please complete as fully as possible and indicate the priority of each number i.e. 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>.**

**Contact 1** Name: ..... Relationship to child.....

Home.....Work: .....Mobile: .....

**Contact 2** Name: ..... Relationship to child.....

Home.....Work: .....Mobile: .....

**Contact 3** Name: ..... Relationship to child.....

Home.....Work: .....Mobile: .....

#### **GP Contact**

Name: ..... Tel: .....

#### **Clinic/Hospital contact (if applicable)**

Name: ..... Tel: .....

**Part 2 – Agreement for school to administer medicines**  
**(Only to be completed if medicine is to be administered by the school)**

The school will not give your child medicine unless you complete this section of the form. The school has a policy that staff can administer medicine. If more than one medicine is to be given, a separate form should be completed for each one.

Name and Strength of Medicine: .....

**NOTE: Medicines must be in the original container as dispensed by the pharmacy and include the Patient Information Leaflet (PIL). Loose tablets will not be accepted. In the case of students with allergies requiring Epipens or those with Diabetes or Epilepsy; a clearly named box, complete with a current photo on the lid, must be provided for the medication to be stored in, together with a completed Care Plan.**

Expiry Date: .....

How much to give (i.e. dose to be given): .....

**Note: In the case of paracetamol or paracetamol based products only one dose may be administered during the school day between 12 noon & 2pm, with this form as written consent. If your child requires one dose of paracetamol outside of these times, you will still be contacted for additional verbal consent.**

When to be given: .....

Any other instructions: .....

Possible side effects: .....

Number of tablets/quantity to be given to the school: .....

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**Part 3 – Request for student to carry medicine**  
**(Only to be completed if medicine is to be held by the student and self-administered)**

Name of Medicine: .....

Under normal circumstances we would expect this to be limited to Epipens, inhalers and Diabetic equipment. Students are not permitted to carry any medication e.g. Paracetamol or paracetamol based products, antihistamines etc. on their person or keep any such medication in their locker. Any other medication should be discussed with the school on an individual basis.

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**Part 4 Declaration**  
**(To be completed in all cases)**

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to the school staff administering medicine in accordance with the school policy.

I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medication is stopped.

Unless notified this form acts as a continuous authority.

I undertake to supply the school with the drugs/medicines in properly labelled containers, including a 5ml medicine spoon or oral syringe for liquid medicines, and to ensure that medicines supplied are within their expiry dates and to replace them accordingly.

I accept that whilst my child is in the care of the school, the school staff stand in the position of the parent and that the school staff may, therefore, need to arrange any medical aid considered necessary in an emergency, but that I will be told of any such action as soon as possible.

I understand that whilst school staff will use their best endeavours to carry out these arrangements, no legal liability can be accepted by the school staff, Governors or the Local Education authority in the event of any failure to do so, or if there is any adverse reaction by my child to the administration of the drug.

Parent/guardian signature: .....Print name: .....Date: .....

**For Student Services Use**

Noted on Main log: .....

SIMs quicknote : .....