**Information to be completed by Parent / Carer**

|  |  |
| --- | --- |
| Student Name |  |
| Date of Birth |  |
| Parent/Carer Name and Contact Number |  |
| Medical Condition/Illness |  |
| Medication Name and Strength |  |
| Medication Formula (e.g. tablets) and amount Supplied |  |
| Date Dispensed |  |
| Expiry Date |  |

***Separate forms must be completed for different dosage/named medications, and for each medication issue***

**Dosage Information:**

|  |  |
| --- | --- |
| Dosage to be provided and frequency |  |
| Time the medication needs to be administered  |  |
| Storage Instructions |  |
| Any further information you feel we should know regarding the medication (i.e. known side effects) |  |

Parental Guidance:

* It is the parents/carers responsibility to ensure repeat medication is provided in advance (prior to this running out)
* School policy states only medically professionally prescribed medication or pre-arranged medication agreed with the school Healthcare Lead will be administered by school staff
* Medicines must be delivered to school by adults and will not be accepted from pupils
* All medication provided to school will include an adequate supply that is within it’s expiry date
* All controlled medication or medication due to expire will be returned home at the end of the school year (July)
* If parents/carers wish to administer medication on school site, please contact school to pre-arrange this.

**Parental Statement of Consent:**

**I (printed name of parent/carer) ……………………………………………………………………………………………..**

* request and give my consent to The Forest School to administer this medication in accordance with the prescriber’s instructions
* confirm that the information and instruction given is accurate and up-to-date
* will inform The Forest School in writing of any changes to this information and instructions
* understand that the medication may be given by non-medically qualified staff
* agree to not hold staff responsible for loss, damage or injury when undertaking agreed administration of the medication unless resulting from their negligence
* will abide by The Forest School’s policy and procedure for the delivery and return of medication
* will ensure adequate supply of the medication that is within its expiry date

Signature of parent/carer……………………………………………………………………..Date: ……….…………………

**School/Setting – Statement of Agreement**

The Forest School agrees to administer this medication

* in accordance with the prescriber’s instructions
* until the end of the course of medication or until instructed otherwise in writing by the parent/carer

**Name of Headteacher/Manager (please print) ………………………………………………………………………..**

**Signature of Headteacher/Manager ……………………………………………… Date ……………………………..**

School use:

* Medication log updated
* Details added to Arbor
* Medication and forms passed to Healthcare Implementation Lead to store securely