

Appendix 2

Our Lady of Lourdes Catholic Primary School

Permission to Administer Medication Form

'While it is not our policy to care for sick children who should be at home until they are well enough to return to school (at least 48 hours after the last bout of sickness or diarrhoea), we are able to administer medication as part of maintaining their health and wellbeing or when they are recovering from illness. In many cases, it is possible for children's GPs to prescribe medicine that can be taken outside of school hours. As far as possible, administering medicines will only be done where it would be detrimental to the child's health or school attendance if not given.'

Medication may be administered by staff at OLOL when the following form has been completed by the parent/carer.

Child's Full Name: _____ Class/Teacher: _____

Name of medical condition/illness		Name of medication: (As stated on container/bottle)	
Date dispensed (as on medication)		Expiry date	
Dosage and method:		Approximate time of the day to be given:	
Any possible side effects:		Special precautions:	
Start date:		End date:	
Is this medicine to be applied to the skin? If yes, an intimate care policy form will need to be completed.		Self administering?	
Name and contact number of GP		Procedure in the case of an emergency	

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to 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 medicine is stopped.

Parent signature: _____ Print Name: _____

Date: _____

Staff receiving this form: _____ Signed: _____

Date: _____

The form and medication has been checked by a member of staff. The details and information above, to the best of my knowledge, are accurate. If an intimate care plan is needed information has been sent to the class teacher to ensure a meeting takes place.

Appendix 5

Permission to Administer Pain Relief

Pain relief may be administered by staff at OLOL only when the following form has been completed by the parent/carer.

'Pain relief medication, e.g. paracetamol for pain relief, should *never* be administered without first checking maximum dosages and when the previous dose was taken. Pupils will not be given medicine containing aspirin unless prescribed by a doctor.'

A new form will need to be completed each day and for each medicine. The medicine must be given directly to office staff.

Child's Full Name: _____ Class/Teacher: _____

Date for pain relief to be administered		Name of medication: (As stated on container/bottle)	
Specific time of last dose given		Expiry date	
How often can this medicine be given? What is the maximum dosage allowed?			
Special precautions (e.g given 4 hourly; Child needs to request pain relief)			
Any possible side effects:			

The above information is, to the best of my knowledge, accurate at the time of writing. I give consent to school staff administering medicine in accordance with the school policy. I will inform the school immediately if there is any change in dosage or frequency of the medication.

Parent signature: _____ Print Name: _____

Date: _____

Staff receiving this form: _____ Signed: _____

The form and medication has been checked by a member of staff. The details and information above, to the best of my knowledge, are accurate.