**REQUEST TO ADMINISTER MEDICATION**

*Please note that the WASPS will not administer medicine to your child unless you complete and sign this letter, and the Manager/Deputy has agreed that the staff can administer the medication.*

I request the administration of medicine to:

Pupil's details

Surname First names

Male/Female Class Date of birth

Address

Condition or illness

Medication

Name/type of medication (see container)

For how long will this medicine be administered?

Date dispensed

The above medication(s) have been/have not been prescribed by a doctor. They are clearly labelled indicating contents, dosage and child's name in full.

Name of prescribing doctor

Address of prescribing doctor

Telephone number of prescribing doctor

Directions for use

Dosage and method

Times of administration

Any special precautions?

Any possible side effects?

Is supervised self-administration possible?

Contact details

Name

Daytime telephone number

Mobile telephone number

Relationship to pupil

Address

I understand that the medicine must be delivered personally to the school and that the school will only be able to administer the medicine if it can made the staff time available. I understand that I remain responsible for ensuring that my child receives medication and that I may have to make the necessary arrangements for its administration if the school is unable to.

Signed Date

Address (if different from pupil address above)

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**FOR COMPLETION BY WASPS**

I agree to arrange for the administration of medicines requested by the parent.

Signed Date

**Policy - Administration of Medicines**

*This applies to all children, including those who do not have an individual health care plan.*

Medicines will be safely stored in the medical boxes in the WASPS office or in the fridge for medicines. A written record will be kept in the records file.  This will include date, time, dosage and name of the member of staff who administers the medicine. The record will be taken by the WASPS Manager/Deputy who will take responsibility for this task on a daily on a rota basis to ensure that no pupil forgets to take their medication.

* Any parent can request that their child is given prescription medicine during WASPS if the medicine has to be given during the day e.g. antibiotics four times a day.  WASPS c/o Haddenham Community Infant School will only accept medicine that has been prescribed by a GP or hospital doctor.
* If medicines (including asthma pumps) are to be administered in school the parents must complete and sign an agreement form which must be handed into a member of staff before any medication can be administered.
* It is preferable that children take medicine at home, before or after their session.
* No pupil will be given medicine without the parental consent unless there is a clear and dire emergency and ambulance / emergency personnel are in attendance.
* Prescribed medicines must be in date, prescribed by a NHS doctor and provided in the original container with dosage instructions.
* Parents must regularly renew the supply of medicines if applicable and be responsible for visiting the GP to collect repeat prescriptions.
* The school will not be held responsible for any side-effects due to the correct administration of prescribed drugs
* If the administration of prescribed medication requires medical knowledge, individual training will be provided for the relevant member of staff by a health care professional.