

Medicine Administration Permission Form

There is no legal duty that requires school staff to administer medication: This is a voluntary role. All medicines (along with this form) must be given in a clear plastic bag to Mrs Thompson or Mrs Rea. The medicines must be in a secure and labelled container as originally dispensed. Each item of medication must be clearly labelled with the following information: Pupil's Name, Name of medication, Dosage, Frequency of administration, Date of dispensing, Storage requirements (if important) and the Expiry date.

I request that a member of staff of Loughries Integrated Primary School administer the following to my child;

Child's Name: _____

Name of Medicine: _____

Dosage: _____

Time(s): _____

Date(s) Medicine should be administered between

From: _____

To: _____

Signed: _____

Please note that for reasons of safety, no child should carry and administer their own medication, or be responsible for administering medicine to a younger sibling. The only exception to this may be some asthma and anaphylaxis sufferers.

I give permission for my child to carry their own Medicine during school.

Signed: _____

I give permission for my child to administer their own medication when it is appropriate to do so. E.g. use an inhaler or insulin pen.

Signed: _____

Parents should follow the "Guidance on infection control in schools and other childcare settings" for advice contact www.publichealth.hscni.net under publications.

