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| **Date**  | 8th September 2023 |
| **Review Date:**  | September 2025 |
| **Aims:** | To ensure clarity about the administration of medicines To ensure that staff members and Parents/Guardians are aware of their roles and responsibilities around the administration of medicines. |

**Consent Forms** (Appendix 1)

**1**. Parents will be asked to fill out at a form containing the following details.

* Child’s full name and address
* The name of the medication to be administered
* The exact dosage and time of administration

 OR circumstances when medication may need to be administered.

* Expiry date of medicine
* Signature of Parent/Guardian

2. This form will be photocopied. One copy will be kept on file and the other copy will be returned to parents.

**Administration**

When administration of medication is necessary or could be necessary for a child during the school day the following procedures will be used:

* Medication will be administered by an appropriate member of staff.
* A record of administration will be kept in the office and parents will be notified.

**To note**

* Medicine will be stored in an accessible and visible spot in the appropriate classroom.
* It is the responsibility of the Parent/Guardian to ensure that medication is up to date.
* It is the responsibility pf the parent to inform the school if there is a change in dosage or frequency of medication.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_