

POWNALL GREEN PRIMARY SCHOOL

PERMISSION TO RECEIVE MEDICINE ~ LONG TERM (including inhalers)

I give permission for:

\_\_\_\_\_ (name of child) \_\_\_\_\_ (class)

to be given the following medicine:

\_\_\_\_\_ (medicine) \_\_\_\_\_ (dose)

when the following symptoms occur:

\_\_\_\_\_

Are there any signs when this medication should not be given? .....

I understand that if my child's medication changes or is discontinued, or the dose or administration method changes, I should notify the school immediately in writing.

I confirm that my child has not had any adverse reactions to this medicine in the past 12 months.

Signed: \_\_\_\_\_ (Parent/Carer) \_\_\_\_\_ (date)

**Please note:**

**-All medicines must be clearly labelled with child's full name and class.**

**-All medicine must be handed in to the school office (except for inhalers which are kept in the child's classroom) in its original container.**

**-Administration of medicines will be supervised by a member of staff authorised by the Headteacher.**

**-Apart from inhalers, medicines at school are usually administered between 12:00 and 12:30pm. If your child's needs are different to this, please make a note at the bottom of this form.**

**-Permission given on this form will last until the end of the summer term of the current academic year.**

**-Please make sure that long-term medicines are renewed after they reach their expiry date.**

**-Please collect any unused medicines from the school office (when medicines have expired, when medicines are no longer needed or when your child leaves our school). They must be collected by an adult. Any medicines that are not collected will be disposed of.**

**-Children in Reception must only have medicines in school which have been specifically been prescribed for them by a doctor, dentist, nurse or pharmacist (ie no over-the-counter medicines) – this is in accordance with EYFS Statutory Guidance 2012.**

Medicine described above received in school \_\_\_\_\_ (date) Signed \_\_\_\_\_ (school staff)

Unused medicine returned to parent / carer \_\_\_\_\_ (date) Signed \_\_\_\_\_ (parent / carer)