Appendix F – Staff training record – administration of medicines

Name	
Type of training received	
Date of training completed	
Training provided by	
Profession and title	

I confirm that _____ has received the training detailed above and is competent to carry out any necessary treatment.

Trainer's signature _____

Date _____

I confirm that I have received the training detailed above.

Staff signature _____

Date _____

Suggested review date

_____

Appendix G – Permission for non-prescription medicines

The school will not give your child non-prescription medicine unless you complete and sign this form and the school has a policy that the staff can administer medicine.

Name of child	
Date of birth	

Medicine

School Medicine	Tick the medicines you give permission for the school to administer to your child.	
		Calpol (children's paracetamol)
		Liquid Piriton
Are there any side effects that the school needs to know about?		
Own Medicine	List the medicine you will be supplying	
NB: Medicines must be in the original container as dispensed by the chemist		
Are there any side effects that the school needs to know about?		

Contact Details

Name	
Relationship to child	

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's 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.

Signature(s) _____ Date _____

Appendix H – Parental agreement for the return of medicine

The school is not able to keep out of date medicine.

Date	
Name of child	
Date of birth	
Class	
Medical condition or illness	

Medicine

Name/type of medicine *(as described on the container)*	
Expiry date	

Contact Details

Name	
Relationship to child	
Date of Return	

Replacement to come YES/NO
Date replacement due
Ends the course of treatment YES/NO

My child needs to have further medicine

I will bring in a replacement on

The medicine collected ends the course of treatment

.

Signature(s) _____ Date _____