



ADMINISTERING MEDICINE CONSENT FORM

School Details :	The Island Project School DofE Registration Number : 334/6010 Company Registration Number : 5924196 Registered Charity Number : 1119034 Telephone Number : 01675 442588
Designated Safeguarding Lead :	Sarah Gallagher – School Principal Mobile : 07971 543 832 Email : s.gallagher@ipschool.co.uk
Deputy Designated Safeguarding Lead :	Nicole Sheehan – SLT (Welfare, Safety and Safeguarding Director) mobile: 07971 543 755 email : n.sheehan@ipschool.co.uk Melanie Collett – SLT (Education Director) Mobile : 07971 543 753 Email : m.collett@ipschool.co.uk
Designated Trustees For Child Protection:	Jacqueline Walters-Hutton (Pupils) Claire Browning (Staff)
Senior Leadership Team :	Sarah Gallagher – SLT (School Principal) Carol Howe – SLT (Founder and Project Director) email : c.howe@ipschool.co.uk Nicole Sheehan – SLT (Welfare, Safety and Safeguarding Director) Melanie Collett – SLT (Education Director)
Trustees :	Gordon Booth Jacqueline Walters-Hutton Claire Browning
Date Last Reviewed :	28 th February 2020
To be reviewed by :	28 th February 2023

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The Island Project School will do everything possible to ensure that any child with medical problems is provided with all the support available. Staff are not obliged to administer/ supervise pupil's medication. However, the majority of our staff are trained in First Aid and they will support and provide medical provision for pupils.

Prime responsibility remains with parent/ carer as the main source of information and outlined below are the procedures needed to allow for support and inclusion to take place. If medications change, it is essential that the School is informed to ensure appropriate support for your child.

School will administer over the counter medication (e.g. paracetamol) only if a form has been completed and a bottle has been provided specifically for use by the parent or carer.

Child's Name :

Staff are not able to give your child medicine unless you complete and sign this form. Following this, staff will administer medicine in accordance with the School's policy. A copy of this is available on request

Pupil details

Surname :	Forename(s) :
Date of Birth :	
Medical Condition/illness :	
.....	
<p>Please give details of any additional medication your child may take which is administered outside School. Whilst you are not legally obliged to give this information, it may be useful for the School to have details of additional medication in the event of an emergency, such as contact with emergency services</p> <p>.....</p> <p>.....</p> <p>.....</p>	

Medicine

A new page should be completed and signed for each separate medicine to be administered

NB all medicine must be in the original container as dispensed by the pharmacy/purchased over the counter.

Name/Type of Medicine (as described on container issued by pharmacy, including strength)
Date dispensed
Expiry Date
Dosage and method (number of tablets/quantity)
Timing (when to be given)
Special Precautions/instructions
Any known side effects
Can these be self-administered	YES / NO (delete as appropriate)
Emergency Instructions

I understand that I must deliver the medicine personally to a member of staff and accept that this is a service that the School is not obliged to undertake.

I understand that I must notify the School of any changes to the medication by my child, in writing, immediately changes are required

Signature :
Name (block capitals) : Date :