



September 2024

Dear Parent/Carer

ADMINISTRATION OF MEDICATION TO STUDENTS

If your child needs to take medication in school, please complete the attached form and return it to reception.

The medication should be within its use by date and will be stored in the medical room in correct conditions.

We expect students who require medication to take responsibility for informing us if they have taken any tablets earlier in the day. If you believe that your child may get confused in answering questions about this, please complete the section on the form so that we can contact the named person who will be able to give us this information.

Please note the medication must be in its original packaging when brought into school or we cannot accept it.

CFS First Aid



COLONEL FRANK SEELY ACADEMY

Parental Consent for Colonel Frank Seely Academy to Administer Medicine

Colonel Frank Seely Academy will not give your child medicine unless you complete and sign this form. It is our policy that staff can administer medicine, and staff volunteer to do this.

Note: Medicines must be in the original container as dispensed by the pharmacy

Date

Child's name

Date of birth

Group/Class/Form

Medical condition or illness

Medicine

Name/type of medicine/strength
(as described on the container)

Date dispensed

Expiry date

Parental signature confirming
agreement to administering/changes of
dosage of medication

Dosage and method

Timing – when to be given

Special precautions

Any other instructions

Number of tablets/quantity to be given
to Colonel Frank Seely Academy



Are there any side effects that the Colonel Frank Seely Academy needs to know about?

Self-administration

Procedures to take in an emergency

Contact Details – First Contact

Name

Daytime telephone number - mobile

Relationship to child

Address

I understand that I must not send medicine/tablets to school with my child without this form

Contact Details – Second Contact

Name

Daytime telephone number - mobile

Relationship to child

Address

Name and phone number of G.P.

[Please sign and date the agreement on the next page]

ADMINISTRATION OF MEDICINES

Colonel Frank
Seely Academy



The above information is, to be the best of my knowledge, accurate at the time of writing and I give consent to Colonel Frank Seely Academy staff administering medicine in accordance with the Colonel Frank Seely Academy policy.

I will inform Colonel Frank Seely Academy immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

I accept that this is a service that Colonel Frank Seely Academy is not obliged to undertake.

I understand that I must notify Colonel Frank Seely Academy of any changes, in writing.

Date _____ Signature(s) _____