



Tudor Grange Samworth Academy

**REQUEST FOR ADMINISTRATION OF MEDICINES
(GENERAL CARE PLAN)**

To: Headteacher of Tudor Grange Samworth Academy

From: Parent/Guardian of Full Name of Child

DOB:/...../..... My child has been diagnosed as having:

.....(name of condition)

He/She has been considered fit for school but requires the following prescribed medicine to be administered during school hours:

.....(name of medication)

I **consent/do not consent** for my child to carry out self administration (**delete as appropriate**)

Could you please therefore administer the medication as indicated above

.....(dosage) at.....(timed).....(**intervals**) Strength of medication:

With effect from.....until advised otherwise.

The medicine should be administered by **mouth/in the ear/nasally/other**.....

.....(**delete as applicable**)

I **consent/do not consent** for my child to carry an asthma inhaler upon themselves within school (**delete as appropriate**)

I undertake to update the school with any changes in medication routine use or dosage.

I undertake to maintain an in date supply of the prescribed medication.

I understand that the school cannot undertake to monitor the use of self administered medication carried by the child and that the school is not responsible for any loss of/or damage to any medication.

I understand that if I do not allow my child to carry the medication it will be stored by the School and administered by staff with the exception of emergency medication which will be near the child at all times.

I understand that staff will be acting in the best interests of**Child's Name** whilst administering medicines to children.

Signed:.....Date:.....

Name of parent (please print).....

Contact Details:

Home.....Work:.....Mobile:.....

Privacy Statement

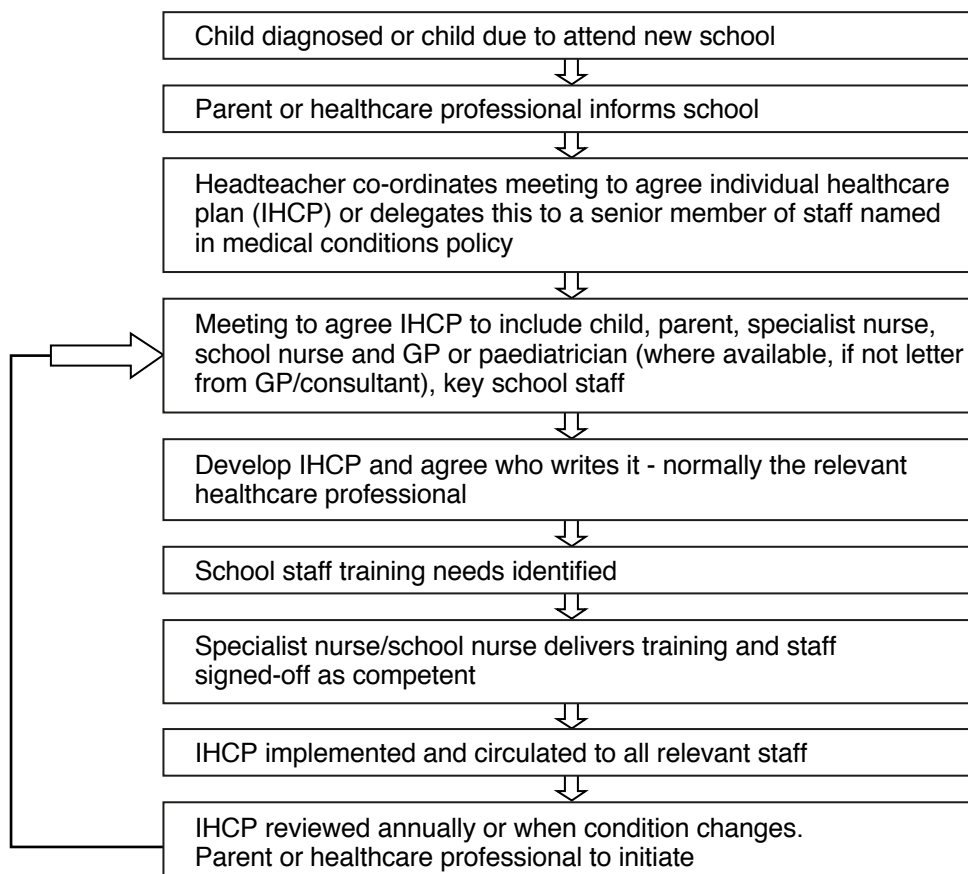
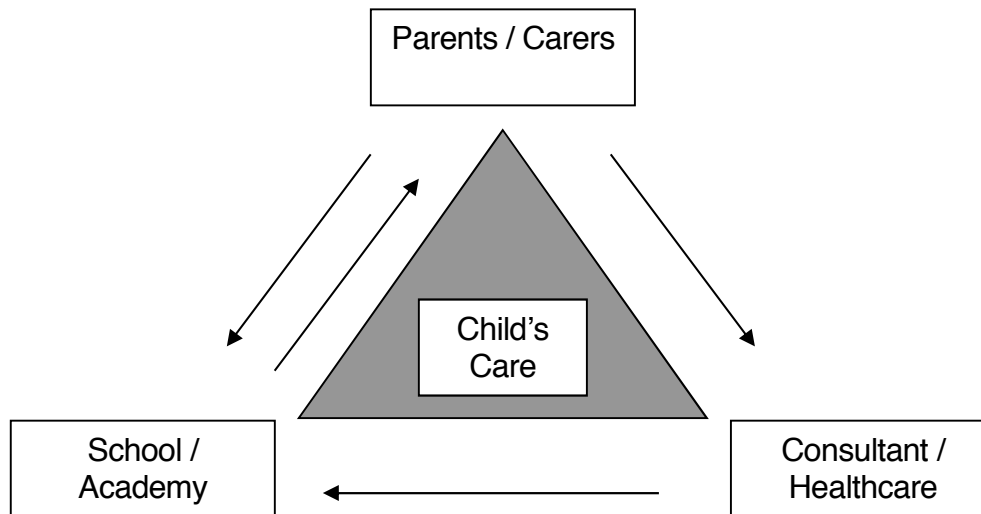
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INDIVIDUAL HEALTH CARE PLAN (IHCP)

Individual Health Care Plan (IHCP) = Specific information on individual pupil requirements. Written recorded plan will ensure that their needs are met whilst in school and any treatment needed to be administered by members of staff will be fully understood. Plan to be agreed by Headteacher and parents. THIS MUST BE FORMALLY RECORDED AND REVIEWED AT REGULAR INTERVALS.





Tudor Grange Samworth Academy

RECORD OF MEDICINE ADMINISTERED TO AN INDIVIDUAL CHILD

Name of school/setting	Tudor Grange Samworth Academy
Name of child	
Date medicine provided by parent	/ /
Group/class/form	
Quantity received	
Name and strength of medicine	
Expiry date	/ /
Quantity returned	
Dose and frequency of medicine	

Staff signature

Signature of parent

Date	/ /	/ /	/ /
Time given			
Dose given			
Name of member of staff			
Staff initials			
Witness			