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: 28th February 2020

To be reviewed by: 28th February 2023
ADMINISTERING MEDICINE
CONSENT FORM

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.

<table>
<thead>
<tr>
<th>Child’s Name : …………………………………………………………………………………………………</th>
</tr>
</thead>
<tbody>
<tr>
<td>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</td>
</tr>
</tbody>
</table>

**Pupil details**

| Surname : ………………………………… | Forename(s) : ……………………………… |
|----------------------------------------------------------|
| Date of Birth : ………………………………. |

<table>
<thead>
<tr>
<th>Medical Condition/illness : ……………………………………………………………………</th>
</tr>
</thead>
</table>

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

| ………………………………………………………………………………………………… |
| ………………………………………………………………………………………………… |
| ………………………………………………………………………………………………… |
The Island Project School
28022020
Administering Medicine Consent Form

**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.

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

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** : .............................................