

CHRISTCHURCH JUNIOR SCHOOL

PERMISSION TO ADMINISTER MEDICINE

ONLY MEDICINE IN ORIGINAL PACKAGING CAN BE ACCEPTED AND MUST BE DELIVERED TO AND FROM SCHOOL BY THE PUPIL'S PARENT/CARER.

NAME OF CHILD DOB
Class

MEDICATION to be administered.....
.....

Is medicine prescribed? Yes/No

DOSAGE..... **DURATION**.....

TIME to be administered..... Please be advised that while we are happy to administer medicine it is your child's responsibility to report to the first aid room at the correct time.

Please ensure that medicine is collected at the end of treatment.

ASTHMA (Emergency Salbutamol Inhaler)

- I can confirm that my child has been diagnosed with asthma/has been prescribed an inhaler (delete as appropriate).
 - My child has a working, in-date inhaler, clearly marked with their name, which will be available in school every day.
- In the event of my child displaying symptoms of asthma, and if their inhaler is not available or unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.

I give permission for my child to be given the above medicine as instructed and agree to comply with the conditions laid out.

SIGNATURE OF PARENT/CARER DATE

PHONE NO

PLEASE NOTE: -

A MEMBER OF STAFF WITHOUT MEDICAL OR FIRST AID TRAINING MAY ADMINISTER MEDICATION.

For CJS staff only:

Record of medication administered to **Name**

Date of Birth..... **Class**

Name of Medication.....

Dosage..... Time.....

| DATE | TIME | DOSE GIVEN | SIGNATURE |
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