

Educating
Tomorrow's
Women



Central Foundation Girls' School (Voluntary Aided)

Headteacher: Ms E Holland

Harley Grove, London E3 2AT

Tel: 020 8981 1131 Fax: 020 8983 0188

Website: www.central.towerhamlets.sch.uk

Email: welcome@central.towerhamlets.sch.uk

PARENTAL AGREEMENT FOR SCHOOL TO ADMINISTER PRESCRIBED MEDICINE

PUPIL NAME _____ D.O.B ____/____/____

CLASS / FORM _____

NAME OF MEDICINE _____

(A separate form is needed for each medicine)

If Salbutamol Inhaler please tick:

- Should my daughter's salbutamol inhaler not be available (for example, because it is broken or empty) I give consent for the school to administer the emergency salbutamol inhaler in the case of an asthma attack.

EXPIRY DATE OF MEDICINE _____

ANY PROCEDURES TO BE TAKEN IN AN EMERGENCY

ANY OTHER INSTRUCTIONS _____

(e.g. side effects)

IS YOUR CHILD ABLE TO SELF ADMINISTER MEDICATION?

PLEASE CIRCLE YES NO

EMERGENCY CONTACT NUMBER OF PARENT _____

THE ABOVE INFORMATION IS, TO THE BEST OF MY KNOWLEDGE, ACCURATE AT THE TIME OF WRITING AND I GIVE CONSENT TO MEDICAL ROOM STAFF ADMINISTERING THIS PRESCRIBED MEDICINE IN ACCORDANCE WITH THE SCHOOL POLICY. I WILL INFORM THE SCHOOL IMMEDIATELY IN WRITING IF THERE IS ANY CHANGE IN DOSAGE OR FREQUENCY OF THE PRESCRIBED MEDICATION OR IF THE PRESCRIBED MEDICINE IS STOPPED.

PARENT SIGNATURE _____

PRINT NAME _____

DATE _____

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Medical room medicine checklist:

Is the medicine prescribed by a doctor? YES/NO

Is the medication in date? YES/NO

Is the medication in its original container?
(except in the case of insulin which may come in a pen or pump) YES/NO

Is the medication labelled with the students' name? YES/NO

If the answer to any of the above is NO then do not accept the medicine

Name of person accepting the medicine _____

Parental Agreement passed to A&I administrator Date _____

Parental agreement scanned onto SIMS Date _____

Medication pack with name/form/DOB/photo completed and placed in secure medical cabinet with a copy of this agreement. Date _____

Copy of this agreement placed in Year group file in secure medical cabinet. Date _____