

COVID-19

Request & Consent for the Administration of Prescribed Medication in School during COVID-19



School staff will NOT give your child medication at school unless you complete and sign this form AND the Senior Leadership Team have agreed that school staff can administer the medication. *Where possible forms must be emailed to the office to avoid unnecessary contact.*

Please complete, sign and read the legal disclaimer and declarations at the bottom of this page, thank you.

I Parent/Carer of

.....(Child's Name) (Class)

request and give permission for the Senior Leadership Team, or person acting on their behalf, to administer

..... (name of medicine or drug)

in accordance with the dosage instruction as follows

The condition or illness requiring the medication is

LEGAL DISCLAIMER

I understand that *neither* the Leadership Team or anyone acting on their authority, or the Governing Body or Unity Schools Partnership will be liable for any injury to my child arising from the administration of the medication or drug unless caused by the negligence of the Senior Leadership Team, the person acting on their authority, the Governing Body, or , Unity Schools Partnership as the case may be.

- My child's doctor has prescribed the above medication.
- I understand that I should deliver the medication personally *a member of SLT on the gate each morning, and will collect this from their 'bubble leader' at the end of the day.*
- *I understand that I must provide the school with a clean syringe/ spoon each day to administer medication.*
- I confirm that my child has not previously had an adverse reaction to this medication.
- I accept that it is my responsibility to inform the school immediately in writing with any changes in doseage for the above described medication.

Signature Date

Relationship to child

For your information

Prescribed medication is given under supervision in school, *by staff who will be wearing full PPE.* This an additional task for staff and should only be requested when essential e.g. in cases of long term medications such as asthma or to control severe allergic reactions or conditions such as epilepsy.

Short term antibiotics are not usually considered under these terms and are not usually administered by school staff.

Please inform school staff if you give permission for your child to take their own medication under supervision.

Once a course of medication is completed, this form will be shredded. Any future medication will then require a new form.

