

For pupils with short term medicinal needs at school

**1. Pupil's Information:**

<p><b>Name of Pupil:</b></p> <p><b>Date of Birth:</b></p> <p><b>Member of staff responsible for home school communication:</b> Elaine Tisdell</p>	<p><b>Photo:</b></p>
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**2. Details of pupil's short terms medicinal need.**

<p><b>Medical Condition/Health issue/s:</b></p>
<p><b>Signs and symptoms of this pupil's condition/s</b></p>
<p><b>Triggers or things that make this pupil's conditions worse:</b></p>

**Short term medication** taken during school hours

<p><b>Medication 1</b> - any medication stored or bought into school, can only be accepted if it has been prescribed by a doctor, and is dispensed/clearly labelled by a pharmacist.</p>	
<p>Name/type of medication (as described on the container):</p>	
<p>Expiry date of medication.</p>	
<p>Dose and method of administration (the amount taken and how the</p>	



**Parental and pupil agreement**

I agree that the medical information contained in this plan may be shared with individuals involved with my/my child's care and education (this includes emergency services). I understand that any medication stored or bought into school, can only be accepted if it has been prescribed by a doctor, and is dispensed/clearly labelled by a pharmacist. I authorise the named person to administer the medication described for a period of \_\_\_\_\_ school days. I understand that I must notify the school if the medication needs to continue beyond this time.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Pupil

Print Name \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Parent (if pupil is below the age of 16)

Print Name \_\_\_\_\_

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**Head teacher agreement/Safeguarding Officer**

It is agreed that (name of child) \_\_\_\_\_

will receive the above listed medication at the above listed time

This arrangement will continue until

\_\_\_\_\_

