Appendix 3

Form 1: Request for school to issue non-prescribed medication in school

To be completed by the parent/carer

Pupil's name	Date of birth

I request that the above pupil be given the following medication while at school. I have given the first dose of this medication to my child and no adverse reaction has been observed.

Name of medication	Dose to be given	Minimum time between	Medication to be given if the following symptoms occur

A doctor has not prescribed this medication. It is in the container in which it was purchased and is clearly labeled with the child's name in full and the dose to be given.

I realise that this is not a service that the school is obliged to undertake. I accept full responsibility for informing the school if my child has been given a dose of this medication before coming to school. I accept responsibility for ensuring that the medicine has not expired and that there will be enough medicine supplied to the school for my child's needs. I will collect all unused medicine from the school at the end of the summer term. I accept that the school will destroy any unused medication that remains uncollected.

Parent/carer's name (please print)		
Address	☎ Home	
	☎ Work	
	☎ Mobile	
Signature	Date	

Note: The school will not accept medication unless this form is completed and signed by the parent/carer of the pupil and the head teacher agrees the administration of the medication. The head teacher reserves the right to withdraw this service.

Form 2: Request for school to issue short-term prescribed medication in school

To be completed by the parent/carer

Pupil's name	Date of birth

I request that the above pupil be given the following medication while at school. I have given the first dose of this medication to my child and no adverse reaction has been observed.

Name of medication	Date prescribed	Dose to be given	Minimum time between doses	Medication to be given if the following symptoms occur

The GP or hospital doctor has prescribed the above medication. It is in the container in which it was dispensed, clearly labeled with the contents, dosage and child's name in full.

I realise that this is not a service that the school is obliged to undertake. I accept full responsibility for informing the school if my child has been given a dose of this medication before coming to school. I accept responsibility for ensuring that the medicine has not expired and that there will be enough medicine supplied to the school for my child's needs. I will collect all unused medicine from the school at the end of the summer term. I accept that the school will destroy any unused medication that remains uncollected.

Parent/carer's name (please print)	
Address	☎ Home
	☎ Work
	☎ Mobile
@	
Name of G.P.	
Address of G.P.	☎ G.P.
Signature of Parent/Carer	Date

Note: The school will not accept medication unless this form is completed and signed by the parent/carer of the pupil and the head teacher agrees the administration of the medication. The head teacher reserves the right to withdraw this service.

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CHILDREN AND FAMILIES

NHS
Lothian

East Lothian
Council

Form 3: Request for school to issue long-term prescribed medication in school

To be completed by the parent/carer

Pupil's name	Date of birth

I request that the above pupil be given the following medication while at school. I have given the first dose of this medication to my child and no adverse reaction has been observed.

Name of medication	Date prescribed	Dose prescribed	Time(s) to be given

The GP or hospital doctor has prescribed the above medication. It is in the container in which it was dispensed, clearly labeled with the contents, dosage, and child's name in full.

I realise that this is not a service that the school is obliged to undertake. I accept full responsibility for informing the school if my child has been given a dose of this medication before coming to school. I accept responsibility for ensuring that the medicine has not expired and that there will be enough medicine supplied to the school for my child's needs. I will collect all unused medicine from the school at the end of the summer term. I accept that the school will destroy any unused medication that remains uncollected.

Parent/carer's name (please print)		
Address	☎ Home	
	☎ Work	
	☎ Mobile	
@		
Name of G.P.		
Address of G.P.	☎ G.P.	
Signature of Parent/Carer	Date	

Note: The school will not accept medication unless this form is completed and signed by the parent/carer of the pupil and the head teacher agrees the administration of the medication. The head teacher reserves the right to withdraw this service.

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NHS

East Lothian

Form 11a: Asthma consent form including use of school's emergency salbutamol inhaler for pupils up to, and including, primary 3 (and older pupils who are unable to self administer their inhaler)

To be completed by the parent/carer

Pupil's name	Date of birth

1. I can confirm that my child has been diagnosed with asthma or viral wheeze and has been prescribed an inhaler.
2. I take responsibility to supply the school with two in-date reliever inhalers in the containers in which they were dispensed, clearly labelled with the contents, dosage, and child's name in full and two spacers. I will collect the inhalers from the school at the end of the summer term. I accept that the school will destroy any inhalers that remain uncollected.
3. In the event of my child displaying symptoms of asthma, and if their personal inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.

Parent/carer's name (please print)	
Address	☎ Home
	☎ Work
	☎ Mobile
@	
Name of G.P.	
Address of G.P.	☎ G.P.
Signature of Parent/Carer	Date

Note: The school will not accept inhalers unless this form is completed and signed by the parent/carer of the pupil and the head teacher agrees the administration of the medication. The head teacher reserves the right to withdraw this service.