



BARNES PRIMARY SCHOOL

APPENDIX D/ADHOC

AD HOC MEDICATION - PERMISSION TO ADMINISTER

PLEASE PRINT USING BLACK OR BLUE PEN

PRIVATE & CONFIDENTIAL

Child's NAME		Child's CLASS	
Parent/carer's SURNAME if different from child		Parent/carer's CONTACT NO	
Home ADDRESS			
Child's DATE OF BIRTH			
EMERGENCY contact names and telephone numbers	1.	2.	
GP's name			
GP surgery ADDRESS & PHONE NUMBER			
CONDITION or ILLNESS			

<ul style="list-style-type: none"> I agree to members of staff administering medicines that I have supplied and provide treatment and/or care to my child as directed (below) 	PRINT name <small>*Parent/carer with designated parental responsibility</small>
<ul style="list-style-type: none"> I acknowledge that it remains my responsibility to update the school with information about my child's medical needs on a regular basis 	SIGN name
<ul style="list-style-type: none"> I will ensure that medicine held by the school does not exceed its expiry date 	DATED
Procedures to be taken in an emergency;	

NAME of medicine - as per the original packaging	DOSAGE & administering instrument (for example, Epipen or inhaler)	FREQUENCY to be administered	EXPIRY date of medicine

SPECIAL INSTRUCTIONS and/or information relating to any other medicines currently being administered outside of school	
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WHO HAS PARENTAL RESPONSIBILITY?

- **Mothers** have automatic parental responsibility for their children
- **Fathers** (married or not) who are named on the birth certificate have automatic parental responsibility for their children.
- **People looking after your child** - such as childminders or grandparents - do not have parental responsibility, but you can authorise them to make medical decisions for your child on your behalf, should you wish to do so.

The Family and Parenting Institute produce a leaflet called *Is it legal? A parents' guide to the law* which provides further information about parental responsibility and answers many frequently asked questions.

Reference: <https://www.gov.uk/parental-rights-responsibilities>

Form **Appendix D/ADHOC** should be used for:

- Antibiotics - 2 days of medication must be taken before child returns to school
- Any other short term **prescribed** medicines
- Asthma (short term, viral and seasonal symptoms)
- Hayfever (short term, viral and seasonal symptoms)

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Please contact Charlotte Betts, DWR Manager,
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