



Parental agreement for the Richmond upon Thames School to administer medicine

The Richmond upon Thames School will not give your child medicine unless you complete and sign this form.

I give consent for medication provided by the parent/carer can be administered to my child by a designated member of the Richmond upon Thames School staff.

I do not give consent for medication provided by the parent/carer can be administered to my child by a designated member of the Richmond upon Thames School staff.

| | |
|--|--|
| Name of student | |
| Date of Birth | |
| Medical condition/illness | |
| Medicine to be administered | |
| Name/type of medicine (as named on the container) | |
| Expiry date | |
| Dosage | |
| Frequency/timing | |
| Method | |
| Special precautions/instructions | |
| Self administration? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Procedures in an emergency | |
| Name of person to contact | |
| Daytime and mobile numbers | |
| Relationship to student | |

Medicines must be in the original container as dispensed by the pharmacy.

The above information is, to the best of my knowledge, accurate and I give consent to school staff administering medicine in accordance with the school guidance. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signed **Date**

.....

Print name

.....



Emergency Medical Consent

| | |
|------------------------|--|
| Name of student | |
| Date of Birth | |

In the very rare event of an emergency The Richmond upon Thames School would actively seek to locate a parent or guardian. When parents or the emergency contact cannot be reached, it may be necessary for The Richmond upon Thames School to obtain urgent treatment for your child from a doctor, dentist or casualty department of a hospital.

As delay in such circumstances could be dangerous we would ask that you give full consent below in case such an emergency should unfortunately arise. This consent will be valid whilst your son or daughter is on site or on a day visit.

Longer term residential trips will require an additional medical form to be completed.

This emergency consent will remain valid for the period of time your son/daughter attends The Richmond upon Thames School unless you instruct us otherwise in writing. The consent will automatically expire after this time.

| | |
|------------------------------|--|
| Parent/Carer name (1) | |
| Contact number | |

| | |
|------------------------------|--|
| Parent/Carer name (2) | |
| Contact number | |

| | |
|------------------------------|--|
| Parent/Carer name (3) | |
| Contact number | |

Declaration

In the event of sudden illness or accident affecting my son/daughter; if recommended by a doctor and considered necessary by the medical authorities present, I agree to **emergency treatment**, including

- Medication as instructed
- Any emergency dental, medical or surgical treatment including any operative treatment and/or administration of a general anaesthetic
- Blood transfusion

Please sign here to indicate your acknowledgement of the emergency procedures at The Richmond upon Thames School.

| | | | |
|---------------|-------|-------------|-------|
| Signed | | Date | |
|---------------|-------|-------------|-------|



Print name

.....
.....

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Individual Health Care Plan

Please complete the following plan if your child has prescribed medication or suffers with a serious illness/allergy

| | |
|--------------------------------|--|
| Clinic/hospital contact name | |
| Clinic/hospital contact number | |
| GP Name | |
| GP contact number | |

Describe medical needs and give details of child's symptoms, triggers and sign below

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| | |
|-----------------------|---|
| Treatment | |
| Facilities | |
| Equipment/devices | |
| Medication name | |
| Medication dose | |
| Method | |
| To be administered by | Student <input type="checkbox"/> First aid trained member of RTS <input type="checkbox"/> |

Outline daily care requirements

| |
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| |
|--|

Outline specific arrangements required for trips and visits

| |
|--|
| |
|--|



Explain what would constitute as an emergency

Additional notes

Plan completed by

Relationship with child

The following section should be completed by a member of the Richmond upon Thames School staff.

Additional staff training required

Member of staff responsible for providing support within school

Date information transferred to EVOLVE

This document will remain in the named student's files whilst they are a student at this school.