

Dronfield Henry Fanshawe School,
Green Lane, Dronfield, Derbyshire, S18 2FZ Tel: (01246) 412372

Administration of medicines on educational visits 2019-2020

To be completed by the parent/carer of any child requesting the administration of both **PRESCRIBED** and **NON-PRESCRIBED** drugs to be administered under the supervision of DHFS staff. Please note that no child should self-administer without the knowledge of DHFS staff.

If you need help to complete this form, please contact the School. Please complete in block letters

Full Name		Year		Mentor Group	
Home Address					
Family Doctor / Surgery		Telephone			

My child requires the following NON-PRESCRIBED medicines:

My child has had the following medicines PRESCRIBED by a Doctor:

Drug / Medicine (any special storage instructions?)	When? (e.g. with food, before exercise etc.)	Quantity to be taken (e.g. 5ml spoon, 1 tablet, 2 drops etc.)	How to be taken (e.g. by mouth, in ears etc.)

Students will be supervised in the administration of all prescribed drugs. Does your child require assistance in the administering of his/her medicine?	YES	NO
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- I request that the treatment be given in accordance with the above information by a named member of the school staff who has received all necessary training. I understand that it may be necessary for this treatment to be carried out during the educational visit and during other out of school activities.
- I undertake to supply the school with the drugs and medicines in the original duplicate labelled containers, provided by the dispensing chemist.
- I accept that, whilst my child is in the care of the school, the school staff stand in the position of the parent and that the school staff may, therefore, need to arrange any medical aid considered necessary in an emergency, but I will be told of any such action as soon as possible.

Please complete and sign contact details over leaf. Thank you

I can be contacted at the following address / telephone **number during school hours**

Full Name		Relationship to Child	
Home Address			
Telephone <i>(please tick primary number)</i>	Mobile		
	Work		
	Home		
Signed:			

THIS FORM WILL BE DESTROYED AT THE END OF JULY 2020
