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Parental Agreement for Gosford Hill School to Administer Prescription Medicine

Medicine should only be brought to the school if it would be detrimental to the child's health if the medicine were not administered during the school day.

Gosford Hill School will not "administer" your child's prescribed medication unless you complete and sign this form.

All medicines must be in the original container as dispensed by the pharmacy, with the student's name, its contents, the dosage and the prescribing doctor's name on it.

Student's name:	
Date of birth:	
Form Group:	
Medical condition / illness:	
Medicine	
Name of medicine (as described on the container)	
Number of tablets or mls of liquid to be taken by student	
Times the dose to be given	
Any other instructions e.g. storage	
Self administration of medication allowed	Yes
Are there any side-effects?	
Procedures to take if there is a harmful side-effect	

Gosford Hill School (the predecessor school) converted to academy status on 1 November 2012 and is an academy managed by Gosford Hill School. Gosford Hill School is an exempt charity and a company limited by guarantee, registered in England and Wales with a registered company number 8237106. The registered office of Gosford Hill School is Oxford Road, Kidlington, Oxfordshire, OX5 2NT.



Contact Details of Parent(s)/Carer(s)	
Name	
Daytime contact number	
Relationship to child	
Address	Name and phone number of student's GP

I confirm that the medicine detailed overleaf has been prescribed by a doctor, and that I give my permission for the Head Teacher (or his/her nominee) to "administer" the medicine to my son/daughter. I will inform Gosford Hill School immediately if there is any change in dosage or frequency of the medication or if the medicine is stopped. I also agree that I am responsible for collecting any unused or out of date supplies and that I will dispose of the supplies.

I accept that this is a service that Gosford Hill School is not obliged to undertake. The above information is provided to the best of my knowledge and accurate at the time of writing.

Parent(s)/Carer(s) signature: _____

Print name: _____

Date: _____

Gosford Hill School will use the information you have provided in order to "administer" prescription medicine to your child. The information may also be shared with health professionals and emergency services. Otherwise, we will keep the information you have supplied confidential and will not share it with others without your agreement, except where the law permits.

"Administer" – for this purpose means:

- Gosford Hill School will store safely the student's prescribed medication;
- Suitably trained staff will only supervise and/or witness pupils self-administering their prescribed medication; and
- It is not Gosford Hill Schools' responsibility to remind students when they should take their prescribed medication.

This does not apply to the administration of medications eg epipen, seizure medications, Ritalin for which there are specific protocols drawn up by the Oxfordshire NHS Primary Care Trust, which we follow.

For Office use

Date	Time	Medicine	Dose Given	Staff Signature	Print Name