



## **Individual Protocol for non-prescribed medication**

**This form should be completed in conjunction with the 'Parental consent to administer medication' form**

Under exceptional circumstances where it is deemed that their administration is required to allow the pupil to remain in school the school will administer non-prescription medicines for a maximum of 48 hours.

<b>Date (requirement reviewed daily)</b>	<b>Time last dose administered at home as informed by Parent/Carer</b>	<b>Dosage given in school</b>	<b>Time</b>	<b>Comments</b>
Day 1				
Day 2				
<b>3 main side effects of medication as detailed on manufacturer's instructions or PIL</b>				
<b>1.</b>	<b>2.</b>	<b>3.</b>		

**Emergency procedures – if the pupil develops any of the signs or symptoms mentioned above or any other signs of reaction as detailed on the manufacturer's instructions and/or PIL this might be a sign of a negative reaction or if it is suspected that the child has taken too much medication in a 24 hour period staff will call 999 and then contact the Parent/Carer(s).**

I agree that the medical information contained in this plan may be shared with individuals involved with my child's care and education.

I am aware that each day I must inform the school when I last administered the medication and that the school will notify me, by telephone, when medication has been administered.

Agreed by: Parent/Carer.....Date.....