Administration of Medicines in Education – Form One Part One – Parental request

To be completed by parents if they request the school/establishment to administer medicine. Your child **will not** be given medicine unless you complete and sign this form. This form can also be completed by the child/young person if they are 12 years or over.

		D	etails	of pupil		
Surname				Forename		
Address						
Date of birth			М	F	Stage/Cla	ISS
Condition or illness					1	
			Medi	cation		
Name/type of medic (as described on the container)						
For how long will your child take this medication?		From:			То:	
Date dispensed				Expir	y date	
*Parents must ensur	e that in d	ate prope	erly lab	elled medicat	tion is suppli	ed.
Full directions for t	ıse					
Dosage and metho	d					
Timing						
Special precautions	s					
Additional informate.g. side effects, any alternatemergency contact details, of	itive					
I agree that the medion					-	
I understand that I muthat this is a service w			-	•	-	per of staff) and accept
Signature(s) of					Date	

parent/carer

Please use a separate form for each medication.

To be retained in education establishment

^{*}Parents should be aware that it is their responsibility to replace medicines which are past their expiry date.

Education Resources Privacy Notice

Introduction

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Information we collect from you about you and your child at enrolment When you enrol for a nursery or school, we ask for the following information:

- parent/carer contact details (name, address, phone, email);
- the child's name, date of birth, gender and address;
- information about medical conditions, additional support needs, religion and ethnicity;
- any information you may wish to provide about family circumstances.

Information we collect at other times

We will also collect information at other times such as when you apply for a benefit, request a services or other support. We will provide an additional privacy notice at these times.

- If you apply for an education service or benefit, such as school transport, free school meals, clothing grant, placing request or EMA, we will also ask for personal information as set out above. We will also ask for information about your income for education benefits applications.
- If you make a request for additional support such as an educational psychologist or other support for learning we will ask for more detailed information to allow us to provide the most appropriate support for your family. This may include information about family circumstances or medical conditions
- If there are concerns about your child's wellbeing and/or your child has needs that may require additional support, we will wish to work with you to collect and consider information to enable us to help you get the right support at the right time in line with the Getting it right for every child approach.

We require this information to ensure that children and young people are educated appropriately, supported, and that we take account of their health and wellbeing. We will also ask you to update this information annually and to tell us when there are changes to your details.

Information that we collect from other sources

As an education authority and as part of our statutory function in accordance with our legal obligations, we receive information from other sources such as the SQA, the NHS or Social Work about you or your child, this includes:

- exam results and assessment information:
- information about health, wellbeing or child protection.

Why do we need this information?

We need this information so the Council can ensure it is delivering education services appropriately to all learners:

- for the education of children, young people and adult learners;
- for teaching, enrolment and assessment purposes and to monitor the educational progress of children, young people and adult learners ;
- to keep children and young people safe and provide guidance services in school;
- to identify where additional support is needed to help children, young people and adult learners with their learning;
- to maintain records of attendance, absence and behaviour of children and young people (including exclusions);
- to support children and young people moving on each year from nursery to primary, primary to secondary and when they move or leave school;
- to help us develop and improve education services provided for young people, adult learners or families
- In accordance with our legitimate interests as an education authority we will also use your information to create statistical reports.

We will share your information with:

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- The Scottish Government and bodies such as Education Scotland, Scottish Qualifications Authority, Skills Development Scotland and other organisations that support children and young people's learning;
- Social Security Scotland to assist with the processing of applications for certain benefits in accordance with the legal obligation on the Council in terms of Section 85 of the Social Security (Scotland) Act 2018;
- Other parts of the Council when required for services such as school meals, school transport, education benefits and with Social Work in
- connection with any child protection concerns we become aware of;
 The NHS, to support health initiatives in accordance with the legal obligation on the Council in terms of section 39(3) of the National Health Service (Scotland) Act 1978;
- South Lanarkshire Leisure and Culture Limited, where children and young people are participating in sports and leisure activities;
- Other schools/local authorities if a child moves or transfers to another school the Council has an obligation to pass on information with regards to pupil records to the new school/local authority.

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Version 4: December 2021

Administration of Medicines in Education – Form One

Part Two - Agreement by education establishment

To be completed by school/establishment if they agree to administer medicine, as detailed in part one.

To be retained in education establishment and copied to parent. Please use a separate form for each medication.

The details in part one, including the name, dosage and expiry date	Signature of member of staff:	Date:
of medicine, have been checked by:		

I agree that (name of child)					
Cvery day at (unit inculation to be adminis	every day at (time medicine to be administered e.g. lunchtime or afternoon break)				
This child will be given/supervised whilst he/she takes their medication by a member of staff.					
This arrangement will continue until (either end date of course of medication or until instructed by parents/ carer)					
Signature: (Head teacher or named member of staff)					
Date:					
Please record all medicines returned to parents					
Name of medicine:					
Date:					

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Version 4: December 2021

Administration of Medicines in Education – Form Three Child/young person carrying own medication

Form to be completed by parent/carer if they wish their child to carry their own medication. The form can also be completed by the child/young person if they are 12 years or over.

Details of pupil					
Surname		Forename			
Address					
Date of birth	M	F	Stage/Class		
Condition or illness					

Medication				
Name/type of medication (as described on the container)				
Procedures to be taken in the event of an emergency				
Child/young person sh	ould carry only enough medication for one day's use			

Signature(s) of parent/carer		Date		
The person signing this form takes full responsibility for the administration of the medicines carried and agrees that this is for personal use only.				

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